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ABSTRACT

The Executive Summary of the National Day Care Home Study (NDCHS) provides a synopsis of the findings from all NDCHS components including data on family day care providers, the children in their care, and the children's parents. The summary additionally presents information on the nature of the day care in each of the NDCHS settings and presents both cost and program data on family day care systems. After a brief introduction, Chapter One reports the characteristics of family day care providers. Chapter Two reports findings on the group composition of children in day care. Chapter Three describes the characteristics of parents of children in care. Findings from in-home observation of child/caregiver interactions are reported in Chapter Four. Chapter Five reports the costs of family day care and Chapter Six describes the 22 family day care systems studied during the NDCHS. Conclusions and recommendations are offered in the final chapter. (Author/RH)

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# Family Day Care in the United States:

# Executive Summary

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**NATIONAL DAY CARE HOME STUDY FINAL REPORT**

**EXECUTIVE SUMMARY**

# Family Day Care in the United States

by PATRICIA DIVINE-HAWKINS
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DAY CARE DIVISION
ADMINISTRATION FOR CHILDREN, YOUTH AND FAMILIES

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National Day Care Home Study

## VOLUMES IN THE FINAL REPORT SERIES ON THE NATIONAL DAY CARE HOME STUDY

- Reports available from the Administration for Children, Youth and Families or from ERIC Document Reproduction Service, P.O. 190, Arlington, Virginia 22210.
- *Executive Summary* (Administration for Children, Youth and Families)—Synopsis of the findings from all study components including data on family day care providers, the children in their care, and the children's parents. Presents information on the nature of day care in each of the study settings and presents both cost and program data on family day care systems.
- Volume I: *Family Day Care in the United States: Summary of Findings* (Abt Associates Inc.)—Details the issues outlined in the Executive Summary.
- Volume II, *Research Report* (Abt Associates Inc.)—Presents study background, research design and methodology. Includes profiles of both the caregiver and the children in care, discusses the stability of the day care arrangements, the group composition of the family day care homes, and the costs of providing care. Concludes with a comparative analysis of the observed behaviors of caregivers and the children in their care.
- Volume III, *Observation Component* (SRI International)—Presents the findings from the observations conducted in day care homes in the three study sites (Los Angeles, Philadelphia, and San Antonio) and detailed descriptions of the methodologies used.
- Volume IV, *Parent Component* (Center for Systems and Program Development)—Presents the information provided by parents of children in the family day care homes; describes these parents, their needs and preferences for care, and their satisfaction with family day care; and focuses on day care costs to parents.
- Volume V, *Family Day Care Systems* (Abt Associates Inc.)—Presents an extensive descriptive and statistical analysis of the day care institutions that administer family day care systems. These systems are one of the principal mechanisms for providing subsidized day care in a family day care setting, and the cost analyses in this volume are the first attempt to estimate the cost of providing such care.
- Volume VI, *Site Case Studies* (Abt Associates Inc.)—Describes the status of family day care in each of the study sites based on interviews with knowledgeable respondents ranging from state licensing staff to day care advocates. This volume is intended to describe the community context in which the study was conducted and thereby to provide the reader a richer understanding of the study findings.
- Volume VII, *Field Operations* (Abt Associates Inc.)—Describes the steps used to implement the study in three sites.
- *Family Day Care Manuals* (Abt Associates, Inc.)—These booklets, designed for day care systems and family day care providers, describe operations, processes and costs of running a family day care home.

This Executive Summary is based on findings of the National Day Care Home Study Reported in the seven volumes listed above by Abt Associates, of Cambridge, Massachusetts, SRI International of Menlo Park, California, and Center for Systems and Program Development of Washington, D.C.

## FOREWORD

For millions of American children and their parents, family day care represents an essential and integral part of daily life. Nearly half of all children in care for 10 hours a week or more are found in family day care homes and the demand for this form of child care is expected to expand even further with the continuing increase in labor force participation of mothers with young children.

Over the past two decades, family day care has likewise assumed increased significance for day care programs and policies, affecting such vital human service functions as day care subsidy, regulation, program development, technical assistance, and consumer support. As advocate for American families in their child-rearing efforts, the Administration for Children, Youth and Families seeks to support both the families themselves and the institutions that serve them. The Day Care Division, in particular, is concerned with improvement of child care quality and availability as well as with assistance to parents and providers in meeting their child care needs. The National Day Care Home Study was conducted to establish a basis for day care programs which reflect the nature of family day care and which are responsive to the multiplicity of American day care needs.

The Administration for Children, Youth and Families is proud to present the National Day Care Home Study. Initiated at a time when very little was known about family day care, this effort represents the first large-scale attempt to describe family day care in different types of environments among different populations for children of different ages. It explores many dimensions of family day care ranging from family day care populations, programs, processes and costs to cultural patterns, parent satisfaction and preferences, children's day-to-day experiences, and place of family day care in the larger community. The study likewise provides the first multi-faceted picture of family day care from the perspectives of those who are most intimately involved: the parents and children, family day care providers, program directors, community and agency officials, child advocates and others who invest their efforts in the care of America's children.

We are extremely grateful to the many individuals who participated in this research and who gave so generously of their time, their wisdom and their understanding of family day care. To each we owe the success of this study.

ALLEN N. SMITH, *Acting Director*
*Day Care Division*
*Administration for Children, Youth and Families*

July, 1981

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# INTRODUCTION

The National Day Care Home Study was a four year study of urban family day care sponsored by the Day Care Division of The Administration for Children, Youth and Families in the Office of Human Development Services, Department of Health and Human Services. The purpose of this research was to describe family day care populations, programs, processes, costs, administrative structures and place in the community.

Family day care is nonresidential child care provided in a private home other than the child's own. Encompassing a myriad of unique arrangements between families and their day care providers, family day care constitutes the largest, most complex system of child care in the United States. It is distinguished from care in a day care center, nursery school or other group facility as well as from substitute care provided in the child's own home.

Family day care is composed of three major categories delineated by regulatory and administrative structure. The largest of these categories consists of unregulated providers who operate informally and independently of any regulatory system. A second category consists of regulated (licensed or registered) caregivers who meet state and/or federal standards but, except for this link with the broader day care community, operate independently. The third and smallest group of providers consists of regulated homes which are operated as part of day care systems or networks under the administrative auspices of a sponsoring agency.

Nearly half of the children in day care in the United States are cared for in family day care homes, and the demand for this type of care is expected to increase with the expanding labor force participation of young women. At the time this study was initiated in 1976, however, only a limited picture of family day care was available and that picture was based on a variety of small-scale studies of limited scope and indeterminate generalizability. This national study of family day care was designed to provide the comprehensive, detailed information about family day care needed to establish a foundation for sound day care policies and programs.

The National Day Care Home Study attempted to describe the nature of family day care in many different types of settings, among different types of people and for children of different ages. It explored family day care along many different dimensions, ranging from community cultural patterns and the structure of the day care market to daily experiences of children and caregivers, parental preferences and satisfaction, costs, and characteristics of the family day care population. The study thus provides the first multifaceted view of a major portion of the day care environment.

Purpose and objectives, design, implementation and findings of the National Day Care Home Study are presented in a seven volume Final Report Series of which this Executive Summary presents a brief overview. A more comprehensive and detailed summary of the major research reports is contained in Volume I, *Family Day Care in the United States: Summary of Findings*. Each volume in the final report series is described inside the front cover of this Executive Summary.

## Background

*The Demand for Family Day Care*

As a result of inflation, changing family structure and the career aspirations of young women, mothers are entering the work force in ever increasing numbers and, at the same time, the average age of children when their mothers enter the work force is decreasing. These fundamental changes in labor force participation have made day care an increasingly important social and economic support for families.

In 1950, only 20 percent of all mothers with children under 18 were employed; by 1979, their labor force participation exceeded 50 percent. The largest increase during this period occurred among mothers of children less than six years of age, whose employment rates more than tripled from 14 percent to 45 percent. Within the past decade the most striking increase has occurred for women with even younger children. For example, in the eight years from 1971 to 1979 the employment of women with children under three rose from 27 percent to 40.9 percent. These increases in labor force participation of mothers are expected to continue through the end of the century, though at a slightly slower pace. By 1990, nearly half of all women with children under six will be working. For some segments of the population—for single parents, minority families, and families with marginal incomes, employment rates already far exceed this figure.

The substantial number of working mothers translates into large-scale demand for child care. In 1975 almost 30 percent of the country's 56 million families were using some form of day care. Approximately 7.5 million families regularly use care for 10 hours or more a week. Of this number, fully 45 percent use family day care. An additional 36 percent choose substitute care in their own homes, and 17 percent place their children in day care centers, nurseries, Head Start and other preschool programs.

In terms of both the number of families using care and the number of children served, family day care constitutes the most widely used form of day care in the United States. In 1975, an estimated 1.3 million family day care homes served approximately 3.4 million full-time children (30 hours or more per week), 2.8 million part-time children (10-29 hours per week) and 16.7 million children in occasional care (less than 10 hours per week). More than half of the full-time children in family day care homes are under six years of age; the greatest proportion of these children are under three; and approx-

imately 30 percent are aged three to five. Family day care also represents the most prevalent mode of care for the 5 million school children between 6 and 13 whose parents work.*

The demand for day care is projected to continue over the next two decades, despite the declining birth rate, since increases in women's employment will more than offset the reduced number of births. The rate of increase is expected to be particularly high for women with children under three. Until recently, substitute care for infants and toddlers was supplied primarily by members of the extended family, either in the child's own home or in the home of a relative. With the restricted availability of relative care, due to such factors as a decline in the number of three-generation households, other sources of day care are likely to respond to this increased demand. The two most likely market responses are an increase in the number of infant slots in day care centers and an increase in the amount of family day care provided by nonrelatives. Since parents have traditionally shown a distinct preference for family day care over centers or other group facilities for infants and young toddlers, it is expected that the family day care market will absorb most of the increased demand for the care of children under three.

*Structure of Family Day Care*

Family day care in the United States encompasses three distinct forms of care distinguished by their regulatory status and administrative structure. First, a large number of informal, independent family day care homes operate apart from any regulatory system or external administrative structure. A second group of licensed or registered homes exist within a regulatory framework but, except for ties with the regulatory agency, operate independently in much the same way as unregulated homes. Finally, sponsored family day care homes are also regulated but operate as part of a day care system under the administrative umbrella of a sponsoring agency (see Figure 1).

*Unregulated Care.* Informal, unregulated family day care, the oldest, most prevalent form of out-of-home care in this country, has long been an American tradition. Studies have consistently shown that informal arrangements are the overwhelming norm in family day care, accounting for over 90 percent of all family day care in the United States. Traditional, unregulated arrangements are estimated to include approximately 1.8 million homes serving nearly 5 million children for 10 hours a week or more. These homes have the smallest group size including, on average, 2.8 children per home.

Historically, family day care was provided without charge by relatives or bartered between friends and neighbors in an informal exchange of services. Although the nature of informal family day care is changing with the gradual disappearance of the extended family and the declining availability of young mothers at home to care for their neighbors' children, these very personal day

*Unco, Inc., *National Child Care Consumer Survey*, 1975, prepared for DHEW, Office of Child Development (now ACYF).

care arrangements are still considered to reflect the cultural homogeneity of kinship and friendship networks in a given community. They are valued for the closeness of family values, life-styles and child-rearing patterns which provide stability and cultural continuity for young children. At the same time, informal family day care is seen as isolated from the resources available to the rest of the day care community and lacking in visibility to parents outside the immediate neighborhood.

Most parents who utilize informal care arrangements now pay for their child care, and the choice of nonrelatives for the care of children under six is nearly as prevalent as relative care. Most arrangements, however, still involve friends, neighbors, or acquaintances. Even when the caregiver is initially a stranger, she usually lives in the same neighborhood as her client families.

*Regulated Care.* A second group of family day care providers are formally licensed by or registered with a regulatory agency. Regulated providers are required to meet state and local day care requirements and, if serving federally subsidized children, to meet federal day care requirements as well. Family day care standards vary from state to state although all cover such topics as group composition, health and physical safety, food and nutrition, and caregiver qualifications. Within the broad category of regulated family day care are two subcategories: caregivers who operate independently and those who are affiliated with a sponsoring agency. Together these family day care homes account for approximately 6 percent of all family day care in the United States, encompassing an estimated 115,000 homes which serve 304,000 children (see Figure 1).

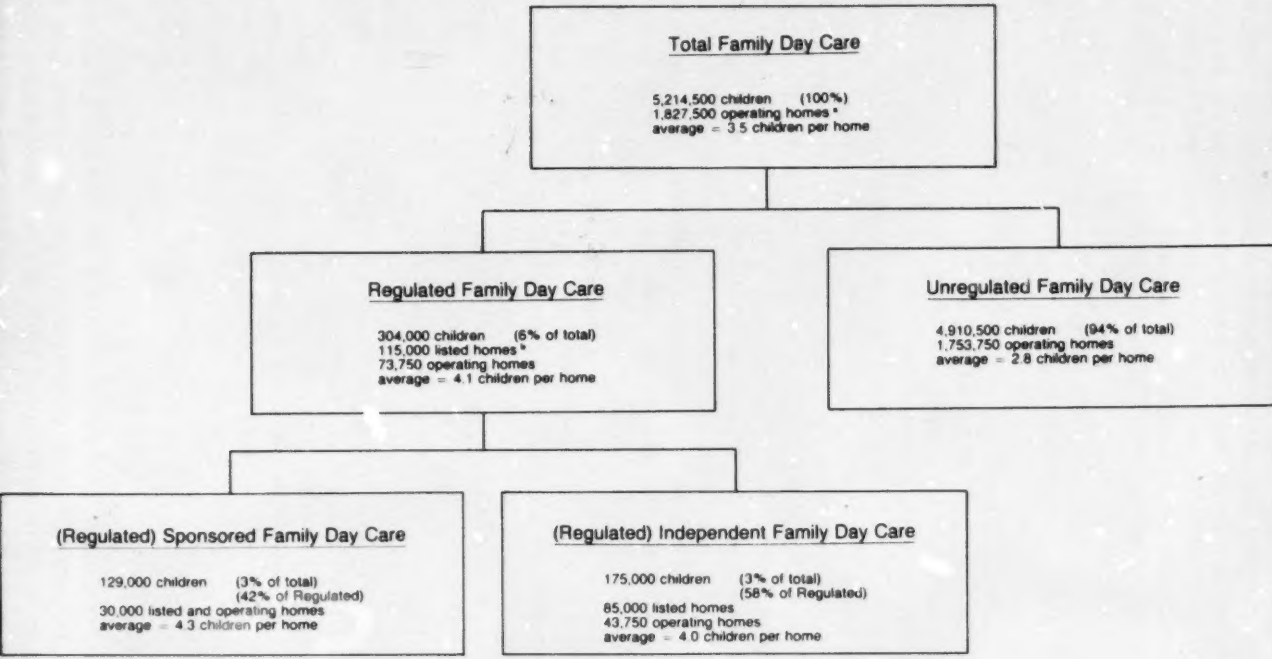
The largest proportion of regulated providers, like their unregulated counterparts, operate independently except for their ties to the regulatory agency. Data from the current study suggest, however, that only slightly more than half of independent homes appearing on licensing or registration lists actually provide child care at any given time. There are approximately 115,000 listed family day care homes in the United States, of which 85,000 are independent homes not affiliated with any sponsoring agency. However, NDCHS data indicate that only about half (51%) of such caregivers are actually providing child care at a given time. Therefore, of these 85,000 family day care homes, approximately 43,750 are actually providing care to an estimated 175,000 children—an average of 4 children per home (see Figure 1).

*Sponsored Care.* The last major category of family day care homes consists of those regulated providers who operate as part of day care systems or networks of homes under the sponsorship of an umbrella agency. Accounting for approximately 2 percent of all family day care providers and 42 percent of all regulated care, these 30,000 day care homes serve approximately 129,000 children. This figure represents only 3 percent of all children currently in family day care (see Figure 1). Sponsored homes also have the highest average enrollment of 4.3 children per home.

Sponsored homes, in general, serve children whose care is subsidized, and often sponsored providers have access to a range of services, such as caregiver

**FIGURE 1**

## FAMILY DAY CARE 10 HOURS A WEEK OR MORE


Total Family Day Care
5,214,500 children (100%)
1,827,500 operating homes *
average = 3.5 children per home
Regulated Family Day Care
304,000 children (6% of total)
115,000 listed homes *
73,750 operating homes
average = 4.1 children per home
Unregulated Family Day Care
4,910,500 children (94% of total)
1,753,750 operating homes
average = 2.8 children per home
(Regulated) Sponsored Family Day Care
129,000 children (3% of total)
(42% of Regulated)
30,000 listed and operating homes
average = 4.3 children per home
(Regulated) Independent Family Day Care
175,000 children (3% of total)
(58% of Regulated)
85,000 listed homes
43,750 operating homes
average = 4.0 children per home

* Operating homes are homes caring for children.
* Listed homes are homes appearing on licensing lists but not necessarily caring for children.

training and client referral, not available to other providers. Most of the children in family day care whose care is subsidized through Title XX of the Social Security Act are found in sponsored homes, as are all children who receive meals subsidized by the USDA Child Care Food Program. The trend toward organization of family day care homes into systems is a fairly recent development but one with important implications for future day care programs and policies.

*Regulatory Framework.* The regulatory environment of family day care in this country is composed of a melange of federal, state and local regulations often inconsistent in their content and application. Within each state, however, the picture is somewhat simplified. Federal regulations apply mainly to day care purchased under Title XX of the Social Security Act, and this constitutes a relatively small proportion of family day care. Thus state and local regulation has the greatest impact on the local context.

States usually define a family day care home as a private home in which regular care is provided for 6 or fewer children, including the caregiver's own, for any part of a 24-hour day. There are, of course, variations in state regulations, some states place a ceiling on capacity at four and others permit larger numbers if the children are siblings.

*Licensing.* States and locales use a variety of regulatory mechanisms, the chief among which are licensing and registration. The majority of states license family day care homes. Licensure constitutes formal permission by the designated government agency for an individual to provide child care. The state agency has authority to set standards, make inspections to ensure that standards are met, set procedures for revoking a license and establish appeal mechanisms. Generally, a license is issued and renewed as long as all of the applicable regulations are met. Two of the NDCHS study sites, Philadelphia and Los Angeles, used licensing as a regulatory approach.

*Registration.* Registration is a form of regulation which stresses caregiver self-inspection and consumer awareness. Under this system the caregiver herself is responsible for determining whether or not she meets the applicable standards and for securing the necessary health and safety inspections. Instructions and procedures for self-review are typically mailed to the caregiver by the registering agency. Upon receipt of the completed information package by the agency, the family day care home is considered registered and has permission to operate. Inspections are not usually conducted unless a complaint is lodged. In some cases parents are provided a copy of the regulations, but the process differs somewhat from state to state. The third NDCHS site, San Antonio, utilized this regulatory mechanism.

## Purpose and Objectives

Despite the widespread use of family day care and its importance as a fundamental characteristic of contemporary American society, little has been known about the range of typical family day care environments, cultural patterns in caring for children, similarities and differences among unregulated,

regulated and sponsored care, or the dynamics of the family day care market. Similarly, little has been known about how to support families and caregivers in providing high quality day care in home settings. As mothers of young children increasingly enter the labor force and more children need substitute care at younger ages than ever before, there is a critical need for family day care which meets diverse family requirements at a cost that parents and taxpayers can afford.

Needed support for the family day care community can be provided in part through development and implementation of sound standards for quality care, through training and technical assistance for providers, through improvement of service delivery systems, and through assistance to parents in obtaining child care which meets their particular family needs. The National Day Care Home Study was initiated to provide information needed to support the development of these important areas and to promote increased effectiveness and efficiency in home-based care.

This research represents the only study of national scope to include all of the major participants in care or to examine family day care from an ecological perspective. It is the only large scale attempt to systematically observe the care of children in home environments using sophisticated and carefully tested instruments. Finally, the study focuses on understanding cultural diversity in family day care among the three groups who together constitute the largest users of family day care: (non-Hispanic) Whites, (non-Hispanic) Blacks, and Hispanics.

Major objectives of the NDCHS were to:

- describe cultural and demographic patterns of family day care,
- describe the range of program elements, services and administrative structures in family day care homes;
- describe the nature of care provided and document the day-to-day experiences of caregivers and children;
- identify similarities and differences among unregulated, regulated and sponsored homes;
- explore parents' needs, preferences, and satisfaction with their day care arrangements;
- describe the community context for family day care and identify major factors affecting availability and utilizations; and
- identify major economic factors and document the costs of family day care—to the parent, to the government, and to the provider.

These objectives reflect the principal goal of the National Day Care Home Study to develop a comprehensive and detailed description of family day care and to provide useful information for the improvement of day care quality, formulation of sound day care policies, and assistance to the day care community.

*Implementation*

Spanning a four-year period from 1976 to 1980, the National Day Care Home Study was completed in four stages. Phase I of the study entailed development of the research design, instrumentation and operational plans. In Phase II the study was implemented in Los Angeles, the first of three sites; this phase constituted a large-scale pilot test of all design elements and field procedures. During Phase III, the study was extended to Philadelphia and San Antonio. Data from all three communities were analyzed and findings reported in Phase IV.

*Research Design*. Underlying the principal objectives of the NDCHS was the assumption that family day care, as a complex social phenomenon, is intricately woven throughout the fabric of American society, touching the lives of individual families, communities, states and the nation as a whole. This assumption dictated a research design capable of portraying cultural richness and diversity as well as the structure and dynamics of family day care within a variety of socio-cultural contexts. The NDCHS research design was therefore constructed to provide systematic variation in type of community, regulatory environment and geographic location across the three urban communities selected for the study. Variation was also sought in ethnicity of caregivers (Blacks, Whites and Hispanics) and regulatory status of homes (sponsored, regulated, unregulated). This design is presented in Table 1.

Table 1.—*National Day Care Home Study Design: Ethnicity and Regulatory Status.*

| Ethnicity of Caregiver | Regulatory Status * | | |
|---|---|---|---|
| | Sponsored | Regulated | Unregulated |
| White | Sponsored home/ White caregiver | Regulated home/ White caregiver | Unregulated home/ White caregiver |
| Black | Sponsored home/ Black caregiver | Regulated home/ Black caregiver | Unregulated home/ Black caregiver |
| Hispanic | Sponsored home/ Hispanic caregiver | Regulated home/ Hispanic caregiver | Unregulated home/ Hispanic caregiver |

*This basic nine-cell design will appear repeatedly as findings are presented in tables throughout this report; the headings *Ethnicity of Caregiver and Regulatory Status* will be omitted in subsequent tables in order to streamline the presentation of data.

*Study Sites*. The National Day Care Home Study was conducted in three urban sites—Los Angeles, Philadelphia and San Antonio—selected for geographic, socioeconomic and ethnic diversity as well as for diversity in approach to the regulation of family day care and in the types of family day care homes available for the study. The choice of three communities represents an attempt to balance the need for generalizable information with that for a detailed and comprehensive understanding of family day care. The first requirement called for the selection of a sufficient number of site to estimate

both variability and commonality along many dimensions of family day care as practiced in different types of communities. The second criterion demanded a small enough number of sites to mount an intensive, well-controlled investigation of all major elements. Three sites were considered the minimum necessary to address the first objective and the maximum feasible for achievement of the second. Site selection was further limited to urban settings, both as a result of the restriction in number of sites and because of other technical design requirements.

In summary, the three NDCHS sites were selected according to the following criteria:

- geographic diversity;
- socioeconomic diversity;
- cultural diversity;
- diversity in regulatory approach to family day care;
- a large total amount of family day care;
- adequate numbers of regulated, unregulated and sponsored homes;
- a large pool of parents and caregivers eligible for day care subsidies;
- acceptance of the study by the community.

Los Angeles, Philadelphia and San Antonio were among the few U.S. cities to meet all criteria; these three cities represent the optimal mix of sites taken as a whole.

*NDCHS Samples.* The National Day Care Home Study utilized a 2-stage sample in order to obtain both broad profiles and in-depth information. In the initial stage, a core sample of 793 caregivers and 2,812 children was identified. This sample provided caregiver and child profiles from family day care homes in which the provider cared for any child other than her own regardless of regulatory status, ethnicity, age of child, or any factor. All children in the family day care home, including the caregiver's own children who were at home during the day, are included in the core sample. In the main in-depth study, 303 homes were selected according to the research design for further interviews, child and caregiver observations in the home, and parent interviews. In addition, the main study sample included day care program directors, agency officials, advocates and others involved in family day care.

Sponsored and regulated caregivers included in the National Day Care Home Study were selected from lists maintained by state agencies and sponsoring organizations. These two groups constitute a random sample from a known population and consequently are statistically representative of their respective categories. The unregulated sample cannot be considered representative of all such providers to the same degree as regulated and sponsored caregivers since random sampling was not possible with this group and characteristics of the population are not known. However, because of the extensive field effort expended in identifying and enlisting the participation of unregulated providers, NDCHS staff believe that this sample is, in fact, generally representative of such providers in the three study sites. Several months were spent in each site, with extensive involvement on the part of local

community leaders from every relevant sector. Residents were employed as interviewers, and the day care community helped to establish NDCHS credibility with providers. The unregulated care identified in each of the sites represents a substantial proportion of all unregulated care estimated by officials to exist in neighborhoods in which the study was conducted. Nevertheless, it appears likely that the study underrepresents certain groups of unregulated providers: those caring for only one child, those caring for children only a few hours a week, those caring for relatives only, and those unwilling to make themselves known to strangers.

A more detailed description of the study samples, research design, and methodology is contained in Chapter 2 of the NDCHS Final Report, Volume I; *Summary of Findings*, prepared by Abt Associates as well as in the main Volumes from each of the study components.*

*Study Management.* Overall responsibility for management and technical direction of the National Day Care Home Study rests with the Day Care Division of the Administration for Children, Youth and Families in Washington, D.C. Four research organizations participated in this study. Development of the research design, field management procedures and interview instruments during Phase I was carried out by a research consortium composed of Westat, Inc. of Rockville, Maryland; Abt Associates, Inc. (AAI) of Cambridge, Massachusetts; and the Center for Systems and Program Development (CSPD) of Washington, D.C. Caregiver and child observation systems were developed by SRI International of Menlo Park, California. Beginning with Phase II, AAI became Research Contractor for the study with CSPD as subcontractor; SRI remained as Observation Contractor.

In addition to the agency and research organizations conducting the National Day Care Home Study, a national consultant panel was established during Phase I to provide formative advice, consultation and peer review. The consultant panel, representing a range of relevant specialities, participated in the study design, implementation, analysis and reporting of results. The panel includes Black, White and Hispanic consultants to ensure sensitivity to issues of concern to the populations most frequently served by family day care. Early in the study, the minority group members of the panel formed a Minority Task Force to identify technical and policy issues of particular significance for minorities and to offer broad procedural guidelines for addressing these concerns.

*It should be remembered that because data obtained in the NDCHS are limited to three sites, findings do not reflect a picture which is statistically representative of the entire country.

# Chapter 1

# CHARACTERISTICS OF FAMILY DAY CARE PROVIDERS*

A combination of social and economic forces acts within a community to establish an equilibrium between demand and supply in family day care. As a result of the complexity of these forces, the shape of this equilibrium differs from community to community. In some places, young mothers stay at home to care for their own as well as other preschool children, thereby becoming family day care providers. In other communities, social and economic pressures force this same group of women to find employment outside their own homes and to use relatives, friends and neighbors to provide day care. Many of the similarities and differences among caregivers reflect differences in caregiver ethnicity or differences in the regulatory status of the family day care home. The following sections provide brief descriptions of the caregivers studied in this research.

*Composite Caregiver Profiles.*** Broadly speaking there are three groups of caregivers: young White mothers in their late twenties and thirties with their own young children at home; women in their forties and fifties with at least one relative's child (often a grandchild) in care; and women in their thirties to fifties who care for the children of friends, neighbors and others in the community, but are not caring for their own or a relative's child. Whereas the first two groups tend to provide unregulated care, the last group of caregivers constitutes a large proportion of regulated and sponsored providers.

The differences between younger and older caregivers extend, however, well beyond questions of their relationship to the children in care. The older caregiver tends to be more experienced but less educated than her younger counterpart and, if she is married, her husband also will have less education than husbands of younger caregivers. Her husband is also most likely to be unemployed. Consequently, this older caregiver tends to have a lower total household income and earns a larger proportion of this income from child care.

In contrast, there is a younger, better educated caregiver who has her own young children at home and does not provide care for her relatives. She is likely to be married with a husband who is employed and better educated than

*From Volume II, *Research Report*, by Abt Associates.

**Note that in this and all subsequent chapters data reported are from the NDCHS, except where explicit exceptions are made.

both herself and the husbands of older caregivers. Her total household income is generally higher and is not required to support the household.

## Profiles of NDCHS Caregivers on Individual Variables

*Relationship to Children in Care.* Over three-quarters of unregulated caregivers care either for their own child, a grandchild, or the child of a relative. Because of the familial nature of relative care most of these women do not feel that regulation is appropriate for them. However, most care for one or more unrelated children as well as their own or a relative's child.

Among regulated and sponsored providers the amount of own-child or relative child care is substantially less but still significant. About forty percent of these women have a related child in care.

TABLE 2.—*Percentage of Homes with Any Related Child*[a].

| | Sponsored | Regulated | Unregulated | |
|---|---|---|---|---|
| White | 34 | 45 | 79 | 57 |
| Black | 38 | 32 | 68 | 47 |
| Hispanic | 31 | 49 | 79 | 63 |
| | 35 | 42 | 76 | 56 |

[a]Resident and nonresident; caregiver's own and other related children.

*Age.* The age of caregivers varies considerably according to both ethnicity and regulatory status. White unregulated caregivers constitute the youngest group of providers, averaging slightly over 30 years of age. There is a 15-year age difference between White and non-White unregulated providers who average over 45 years of age. This is a real generational gap. Thus, whereas the White providers tend to be young mothers, often caring for their own child(ren) along with unrelated children, many of the Black and Hispanic caregivers are older and care for a grandchild (or the child of a niece or nephew).

TABLE 3.—*Median Caregiver Age*[a].

| | Sponsored | Regulated | Unregulated | |
|---|---|---|---|---|
| White | 40.3 | 38.4 | 30.4 | 34.7 |
| Black | 44.5 | 49.4 | 46.9 | 46.6 |
| Hispanic | 47.5 | 39.9 | 44.8 | 44.8 |
| | 44.5 | 42.3 | 38.4 | 41.6 |

[a]Because the distribution of caregiver age is slightly skewed, medians rather than means have been used for presentation.

*Marital Status.* Approximately three-quarters of family day care providers are married. However, within ethnic groups, there are sharp contrasts. Although over 80 percent of the White and Hispanic caregivers are married, only 50 percent of Black providers are.

*Household Income.* Family day care providers span a broad economic range. Many caregivers have household incomes under $6,000.* Nevertheless, a small percentage have incomes in excess of $21,000. Median household income for all study providers is just over $10,000. White caregivers in all sites are substantially better off economically than either their Black or Hispanic counterparts. (See Table 4.)

TABLE 4.—*Median Caregiver Income.*

| | Sponsored | Regulated | Unregulated | |
|---|---|---|---|---|
| White | $17,250 | $12,750 | $12,750 | $13,500 |
| Black | $ 6,750 | $ 9,000 | $ 4,750 | $ 6,750 |
| Hispanic | $ 9,000 | $10,500 | $ 6,750 | $ 9,000 |

*Education.* Although few family day care providers have college degrees, the majority have completed high school, and some have gone on to take at least a few college courses. However, nearly one-fifth of caregivers have an eighth grade education or less. Hispanic providers have approximately two years less education, on average, than Black providers, and almost three years less than White providers. Fewer than 5 percent of White caregivers and 10 percent of Black caregivers have an eighth grade education or less, but over 50 percent of Hispanic caregivers have no education past grade school.

*Experience.* Length of family day care experience is a commonly cited indicator of caregiver professionalism. Other things being equal, parents are inclined to choose the more experienced caregiver. However, experience is somewhat difficult to define. What should be included? The caregiver's experience in other day care settings? Her experience in raising her own family? Or only her experience in family day care? Upon closer inspection it turns out that very few family day care providers have had any day care experience other than in family day care. For example, only eight percent of study providers queried had worked in a day care center and an even smaller number had experience with other preschool or elementary school programs. On the other hand, the vast majority of caregivers had children of their own. Thus, these two aspects of child care experience did not prove useful measures of caregiver professionalism since there was little variability in either dimension. Parents, however, strongly preferred caregivers who are themselves parents.

All of the caregivers interviewed had some experience in providing family day care before the study began, if only for a short period of time, but length of time in family day care varied substantially. While the average length of experience was three years, some caregivers had less than one month's experience and a large proportion (25%) had less than one year. Fifty percent had one to seven years of experience, and the remaining 25 percent had been providing care for 7 to 36 years. Overall, unregulated caregivers have the least experience; however many of these caregivers have been caring for children for several years.

*All study dollar amounts are for 1977-1978 when the data were collected. These figures must be adjusted for inflation to put them in current dollars.

*Training.* Almost three-quarters of all sponsored caregivers have received some degree of training in child care. This is true for less than one-third of all regulated providers and for an even smaller proportion of unregulated caregivers.

Those receiving training have mixed sentiments about its usefulness. Some providers feel that their experience in raising their own family has taught them most of the skills necessary to provide child care and that training has done little to supplement this knowledge. On the other hand, many feel that training has helped them substantially, especially in providing ideas about what to do and how to interact with children. Caregivers often emphasize that training has taught them specific skills; good nutrition, bookkeeping, basic first aid, educational games and discipline techniques. Other caregivers feel that the supportive experience of meeting with other women and discussing family day care with other professionals is the most helpful aspect of training. Among caregivers who had not been trained, many expressed a desire for training and parents also preferred that their caregivers be trained.

*Enrollment.* Caregivers who are more experienced, more educated or better trained enroll more children than their counterparts who lack such backgrounds. Experience is most strongly related to enrollment: experienced caregivers enroll the most children.

*Enrollment Preferences.* In general, caregivers would like to care for more children than they presently do. Caregivers across a broad range of enrollment levels feel that they can handle approximately two more children than are currently enrolled. Hispanic providers, who tend to have smaller homes, have correspondingly lower enrollment preferences than their non-Hispanic counterparts; however, they still prefer to care for two more children. Although Black and White caregivers have approximately the same average enrollments across sites, the White provider would like to increase her enrollment by only 1.2 children, while the Black provider would like to add almost three children to her home. Since Black providers rely more heavily on income from child care than do White providers this difference in preference is most likely related to economic considerations.

*Program Preferences.* Caregivers also have different attitudes about the nature of the care they wish to provide. Unregulated caregivers tend to stress the importance of the social environment, while regulated and sponsored providers stress the educational environment. This finding is reflected in other NDCHS data, which show that regulated care, and especially sponsored care, provides a more formal day care setting, modelled in part on center care. Unregulated care, on the other hand, is generally informal and more like a home setting.

*Motivations.* Family day care providers begin caring for other people's children for many reasons. The most common are that they enjoy working with children, they want to earn extra money, or they want something to do at home.

## Chapter 2
## FAMILY DAY CARE CHILDREN: GROUP COMPOSITION*

The typical family day care home has one caregiver in charge of a group of children. The composition of this group—number of children and age mix—has long been assumed to exert a strong effect on the character of the home, including the kinds of experiences the children have, the overall atmosphere of the home and caregiver burden.

The importance of group composition is reflected in widespread concern among parents, providers, program planners and policymakers over issues related to group size and age mix of children in family day care homes. Parents' interest is expressed in a preference for the home-like atmosphere and grouping in family day care, particularly for the very young and for school-aged children needing a few hours of supervision in the afternoon. Developmental specialists, educators and other child advocates voice concern about the number of children for whom a single adult can care while still providing adequate individual attention. For policymakers, group composition is viewed as a potentially powerful proxy for quality which can be regulated and monitored to protect children from harm and enhance their development in the family day care environment.

No single dimension adequately describes group composition—the distribution of the children in a family day care home. On the one hand, this distribution is characterized by the number of children present in each home. Group size is the most frequently regulated home characteristic and, as the NDCHS shows, influences a wide variety of home processes including caregiver/child interactions and the nature of care delivered.

Group size, however, is only one facet of group composition. The ages of individual children also exert a strong influence on the nature of home processes. In reality, neither of these variables taken by itself is sufficient to characterize the distribution of children in family day care settings or to describe how group composition is related to other elements of family day care. Rather group composition is a complex variable consisting of group size (the number of children present) age mix (the ages of individual children present in the home) and the interaction between group size and age mix.

*Group Size.* The average group size in family day care homes is 3.5 children, excluding the caregiver's own children who are home during the day. Overall,

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*From Volume II, *Research Report*, by Abt Associates.

90% of providers care for 6 or fewer children; 50% care for 3 or fewer. (See Figure 2). In general, sponsored caregivers have the largest enrollments, averaging 4.3 children per home; regulated non-sponsored homes are somewhat smaller, averaging 4.0 children per home; and unregulated homes are the smallest, averaging only 2.8 children per home. (See Table 5.)

**FIGURE 2**

**DISTRIBUTION OF NUMBER OF CHILDREN PER HOME**
**(793 homes)**

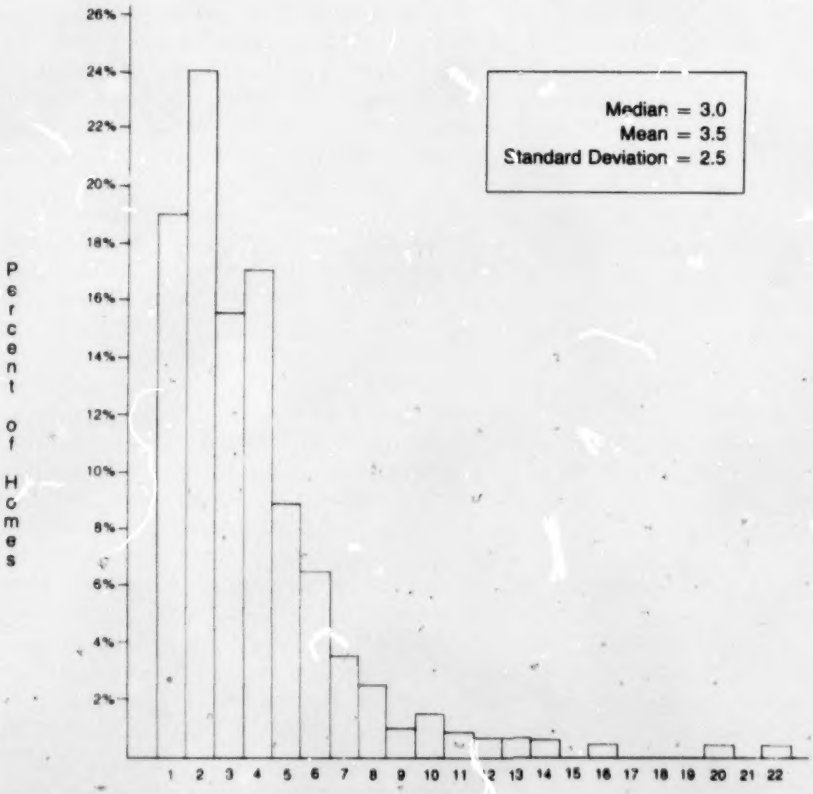



TABLE 5.—*Mean Number of Nonresident Children Per Home by Ethnicity and Regulatory Status.*

| | Sponsored | Regulated | Unregulated | |
|---|---|---|---|---|
| White | 4.3 | 4.4 | 3.1 | 3.8 |
| Black | 4.6 | 3.9 | 3.3 | 3.8 |
| Hispanic | 3.8 | 3.4 | 2.1 | 2.7 |
| | 4.3 | 4.0 | 2.8 | 3.5 |

When the caregiver's own children under 7 who are at home during the day are included, the average group size increases by less than one child—from 3.5 to 3.8. Thus the presence of a caregiver's own or other related children who live with her does not substantially influence the composition of family day care homes. This is because caregivers tend to adjust their enrollment levels by accepting fewer day care children when their own children are present.

*Group Size in Unregulated Homes.* Unregulated caregivers tend to care for the smallest number of children because they more often care for the children of relatives or accept one or two day care children as playmates for their own. In addition these caregivers do not rely heavily on income from child care to meet their families' economic needs and they less often than other groups of providers consider family day care as a business or permanent vocation. Unregulated homes also tend to be smallest because these caregivers have the least access to families needing care. They do not receive agency referrals and are typically unable to advertise the fact that they care for children. Furthermore, unregulated caregivers tend to have only limited family day care experience, experience which is essential to develop a steady supply of parents needing care for their children.

*Group Size in Sponsored Homes.* Family day care systems sometimes place the maximum number of children permitted under the local regulations with their family day care providers. Often, however, they try to maintain enrollment levels at approximately four children per home as a matter of policy. In this study sponsored homes have the largest enrollments because California regulations governing state-subsidized day care allowed more children per home than did those in the other two sites. In addition, Los Angeles systems did not maintain exclusive use agreements with their affiliated providers. Accordingly many sponsored caregivers personally cared for children in addition to those placed by the day care system. For the most part these arrangements consisted of part-time care for older children after school.

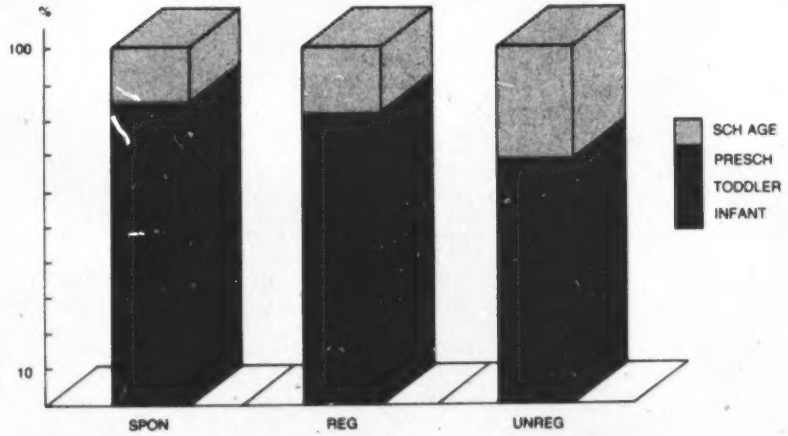
*Group Size in Regulated Homes.* Regulated homes care for considerably more children than unregulated homes and slightly fewer than sponsored homes. This difference largely reflects the fact that regulated providers have greater access to such resources as information, agency referral and advertising than do unregulated providers. They are also more likely to consider child care their permanent vocation and to actively seek children to include in their family day care homes. However, they are less visible than sponsored providers and have access to fewer resources, especially placement of children by the sponsoring agency.

*Regulatory Compliance.* Ninety percent of all providers care for six or fewer children, and fifty percent care for three or fewer children. (See Figure 2.) The youngest children tend to be in the smallest homes. Providers with the largest homes tend to care for more school-aged children after school and generally stagger the times when children are present so that reasonable group sizes prevail. Therefore, the great preponderance of all homes abide by the group size limitations applicable within their states even when they themselves are not licensed or registered.

*Age Mix.* Age mix varied substantially by the regulatory status of the home. In sponsored homes somewhat less than half of the children in care are toddlers; preschoolers represent almost a quarter of the enrollment with the remaining 25 percent equally distributed between infants and school-aged children. In regulated homes the proportion of toddlers is lower with a compensating increase in the number of infants. Unregulated homes are different in that almost a third of the children in care are of school age with the rest of the population divided almost equally among the three other age groups. (See Figure 3.)

FIGURE 3

AGE DISTRIBUTION OF CHILDREN IN CARE
BY REGULATORY STATUS




*Typical Home Groupings.* While all age groups are to be found in family day care, an individual home is unlikely to contain children of widely differing ages. Rather, family day care groups tend to be composed of children from adjacent age groups. Homes with infants and toddlers represent the most common home configuration (13%), but infant only and toddler only homes are common as well (10% each).

*Ethnicity.* Because children in care are generally drawn from the same communities in which the caregivers live, over 80 percent of children in care are of the same ethnicity as the caregiver. This is true regardless of the home's regulatory status, although this trend is strongest in unregulated care, which is much more reliant on relatives.

*Full-time Care.* Almost 70 percent of all the children in the study are in full-time care, that is, 30 or more hours per week. These full-time arrangements generally consist of a five-day week with an average of nine to ten hours of care per day. Part-time arrangements tend to be restricted to school-aged

children. However, the amount of full-time care does vary by type; children in sponsored care are far more likely to be in care full-time than are children in either regulated or unregulated arrangements. Sponsoring agencies find it more cost-effective to serve children on a full-time basis since each child whether full- or part-time takes up one "slot." A part-time and a full-time child filling a slot would overlap during a few hours of the day.

*Stability.* There is reasonable continuity for children in family day care. Nonrelated children are enrolled in one setting for an average of more than two years; related children remain in care much longer. Children who are enrolled as infants continue in family day care longer than children who are enrolled at an older age.

Many caregivers, especially unregulated providers, stop caring for children during their first year in this occupation. However, once a caregiver has been in family day care for at least a year, she tends to remain in this role as circumstances, such as the availability of children, permit. Older, more experienced caregivers with larger groups who are either licensed or sponsored remain in business the longest.

Three-quarters of providers interviewed did not intend to change jobs or stop working. Sponsored and regulated providers who have taken the trouble to obtain their status most often think of their job as permanent. Older, more experienced caregivers who enroll larger numbers of children also are likely to perceive their job as permanent. Almost 50 percent of the unregulated caregivers, on the other hand, are providing care on a short-term basis and see a time or circumstance when they will stop. The primary reason most caregivers continue to provide child care is that they enjoy their work. Even those caregivers who do not anticipate continuing as providers rarely are dissatisfied with their jobs. Rather, these women most often cite the needs of their own children or family as the reason for terminating their child care role.

*Social Isolation.* The concern that family day care providers are socially isolated is not substantiated in the NDCHS. In most instances, even though only one caregiver generally works in a home, caregivers believe they have sufficient contact with other adults during the day. Thus, although most caregivers are not affiliated with other members of the day care community, they are not completely isolated from other adults.

One source of contact for the family day care provider is the parents of children in care. Although most caregivers are not acquainted with parents before the care relationship is established, they quickly begin to share mutual concerns about the child's welfare.

# Chapter 3
# PARENTS OF THE CHILDREN IN CARE*

Parents represent the demand side of the day care equation, just as providers represent the supply side. To understand the balance that has been struck between these forces it is necessary to know who these parents are and to assess the reasons that parents select a caregiver and subsequently continue or terminate the family day care arrangement.

*Family Profile.* The families of children in family day care tend to be smaller and poorer than the national average; almost 40 percent of them are single-parent families. The 1977 income of parents in the NDHS (median $12,000-$15,000) was lower than the national average (median $16,000), largely because the sample of White families studied have lower incomes than their counterparts nationwide. However, Whites in the study had a higher income level than Blacks or Hispanics. Moreover, parents of children in sponsored care have lower average incomes than parents of children in regulated or unregulated care, an expected finding since sponsored homes provide most of the subsidized care for which poor and near-poor families are eligible.

Over 60 percent of parents using family day care are married (or informally married). Twenty-five percent are divorced or separated, and 15 percent are single (including widows/widowers). Of married parents, only about one-fifth use sponsored care, because, in general, they are not eligible for day care subsidies. Among single parents, on the other hand, nearly half use sponsored care.

Compared with national averages, parents who use family day care have fewer children. The concentration of families with only one child is especially high.

*Reasons for Selecting Family Day Care.* Work is the principal reason for needing day care. Parents' reasons for using family day care in particular are more varied; more than half cite the cost of care, the possibility of special attention for the child or the unavailability of center care. Parents prefer different care settings for children of different ages. There is a strong tendency to prefer care in the child's own home for children under one year, family day care for one- to three-year olds, and a more structured environment—center care, or nursery school—for older preschoolers.

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From Volume IV, *Parent Component* report by Center for Systems and Program Development.

Over half of the parents with children in family day care have their child in the type of day care that they prefer. These preferences vary substantially by ethnicity. A far higher percentage of Black parents would prefer center care (43%)—because of its perceived educational component—than would Whites (17%) or Hispanics (13%).

*Reasons for Selecting a Particular Home.* Parents were asked what the most important requirements were for the family day care home in which they would leave their child. Most frequently mentioned is caregiver reliability while a close second is that the child acquire linguistic and cognitive skills. Other important requirements are that the child receive emotional support, that nutritional needs be met, and that the environment be safe and clean. On the whole, parents seemed to feel that their children's needs were met nearly all (90%) of the time.

Parents using sponsored homes, as well as Black and Hispanic parents, tend to place more emphasis on teaching children skills and concepts thought to be important for school. Parents using sponsored homes, together with Black and Hispanic parents, also tend to be more concerned with certain aspects of authority; specifically, that young children learn to obey adults, that a child's caregiver plan daily activities and that she keep the child neat and clean.

Parents are also concerned with several other features of family day care. A convenient location is important to parents, but is rarely a problem. Parents are also generally satisfied with the physical characteristics of homes. Food is the most often mentioned problem area—14 percent of parents feel that caregivers sometimes serve inappropriate foods (e.g., junk food). About one-third of all parents supply at least some of their child's food themselves.

*Parent's View of Group Composition.* Parents' reactions to the number and age mix of children in care are interesting in light of their desire for cognitive stimulation and exposure to other children. Three times as many parents feel that there are too few children in their child's family day care group as complain that there are too many. In addition, three times as many parents feel that the children in the group are too young as believe that they are too old. Parents appear to be concerned not only that their child have the company of other children, but also that those others be children from whom their child can learn.

*Parent's Assessment of Caregiver Qualifications.* When asked about important qualifications of family day care providers, most parents rate experience with children, particularly experience as a parent, more highly than formal education. Training is also important: next to experience as a parent, this was the most often cited qualification variable. Black and White parents in this study seemed to value caregiver education more highly than did Hispanic parents.

*Parent's Assessment of Daily Activities.* Only about one-quarter of NDCHS parents expressed dissatisfaction with their child's daily activities. About half of these parents explicitly seek greater emphasis on conceptual and linguistic skills. This concern with cognitive development is also reflected in attitude

data on child care preferences. When asked to choose between two hypothetical homes, parents specify a "learning" environment over a "play" environment by a ratio of 3 to 1, but they also select a more informal, unstructured learning environment over a structured setting by a ratio of 3 to 2.

*Availability of Services.* Parents also were queried about the availability of special services—evening and weekend care, care for a sick child—that are often cited as major advantages of family day care over center care. The responses suggest that the flexibility of the typical family day care home is not as great as has often been assumed; only between a fifth and a sixth of parents in the NDCHS report that these services are available to them.

*Negative Experiences.* When asked whether their child has had a "bad experience" in any family day care home, including previous arrangements, only about 10 percent of parents report that this is so. The most commonly mentioned bad experience was an injury to the child (slightly more than 2%). An additional two percent indicate that the bad experience was related to inadequate supervision; fewer than two percent report that their child had been left unattended; and fewer than two percent say that their child had been physically abused.

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*Benefits.* When asked about the perceived benefits of their family day care, over 60 percent of parents cited their child's social growth, suggesting that family day care meets parents' demands for their child to be with other children. One-third of parents feel that their child's linguistic and cognitive skills have developed in family day care (although, as noted above, some parents would prefer a greater emphasis on the acquisition of these skills). About one-fifth of NDCHS parents mention the homelike atmosphere as a special benefit to their child. However, many parents also feel that there have been unexpected benefits from the family day care arrangement. Nearly half of the parents state that their child received much more individual attention from the caregiver than anticipated. This is a strong endorsement of the homelike atmosphere of family day care. Only a few parents report that some of their expectations of family day care have not been met. Of these parents, 20

percent indicate that they would like a greater emphasis on cognitive development.

*Child's Attitude Towards Caregiver.* Another indirect indicator of parents' satisfaction with family day care is their perception of their child's attitude toward the provider. Three-quarters of parents report that their child has loving feelings for his or her caregiver; most of the remaining parents perceive their child's attitude as friendly, though not loving. Fewer than five percent of the children are considered by their parents to be indifferent to their caregivers, and no parents report that their child dislikes the provider.

*Regulations.* Finally, parents were asked what aspects of family day care they believe should be regulated. Many parents identify such features as caregiver health, home safety, number of children and child health as suitable for regulation, but they agree that the internal social dynamics of the family day care home should not be regulated.

*Costs.* Family day care costs constitute approximately 6 to 8 percent of the family gross income. Care in regulated homes is more expensive than care in either unregulated or sponsored homes. In general, Whites pay higher fees than Blacks, who in turn pay more than Hispanics. Although fees are highly correlated with family income, upper-income families pay surprisingly low fees.

About 60 percent of parents feel the fees charged for family day care are appropriate for the services rendered; almost 60 percent would be willing to pay more for the same services. Although only a few parents (10%) give cost as the most important reason for choosing family day care, 20 percent of parents are unwilling to pay more—even to receive more services—in spite of the fact that they believe they could afford higher fees.

*Caregiver/Parent Relationship.* The level of interaction between provider and parent is unusually high in family day care as compared with that in other day care settings. In addition, the high correspondence of attitudes about the relationship between parents and caregivers indicates that they are mutually interested in a relationship focused on the child but grounded in a friendship between the adults.

# Chapter 4
# OBSERVATIONS IN FAMILY DAY CARE HOMES *

At the core of the family day care arrangement lies the day-to-day interaction between caregivers and the children in their care. In-home observations were conducted to describe this interplay and to answer such questions as the following: What kinds of experiences do children have in family day care and how do they go about their daily activities? What kinds of things do caregivers do with children, and are these activities appropriate given the ages of the children? What kinds of child behaviors do caregivers encourage and what kinds do they control? How do children behave both in their interactions with other children and in their solitary play?

We were especially concerned with how the interaction patterns and the kinds of activities available for children in the family day care homes would be influenced by such characteristics of the home as the number of children present and their ages, caregiver age, education, experience and training, the regulatory status or administrative structure of the home, and so forth.

## Observation Procedures

The observation data were collected as caregivers and children went about their normal daily activities. Observations were conducted by trained observers, who recorded behavior in terms of a detailed set of predetermined categories, summarized in Tables 6 and 7 below. Children and caregivers were observed independently. That is, on some occasions observers followed the caregiver and recorded her activities, regardless of which children she interacted with. On other occasions, observers followed one of the children and recorded the child's behavior. In both cases, however, the focus was on interaction between caregivers and children—sometimes viewed from the caregiver's perspective, and sometimes from that of the child.

## Overall Profile of Caregiver and Child Behavior

One of the primary objectives of the observation portion of the study was to describe how caregivers and children spend their time. For example, we wanted to know what proportion of caregivers' time is spent in direct interaction with children and how that time is distributed among different types of behavior. How much teaching, playing, and helping is there? How often do caregivers facilitate and control the children's behavior? In what ways?

Because the NDCHS represents the first large-scale study of family day care to use this approach, there were no norms to indicate what the "typical"

* From Volume III, *Observation Component*, by SRI International and Volume II, *Research Report*, by Abt Associates.

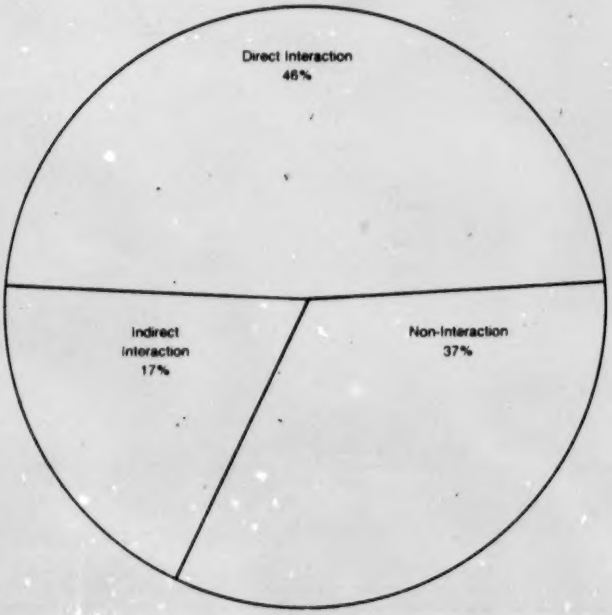
distribution of the caregiver's time should be. Patterns of similarity and variation found in the behavior of caregivers among sponsored, regulated and unregulated homes help to develop an idea of what can be expected of caregivers in these settings.

The same is true for children's behavior. The observation component was designed to describe what proportion of children's time is spent in direct interaction with the caregiver, with other children, and in independent activities. Within this broad context we wanted to know how their time was distributed in developmentally important ways: How often did children engage in cognitive, social and physical activities? To what extent did they converse with adults and each other? What distinct behavioral patterns could be observed among children of different ages in various group configurations?

*Involvement with Children.* One of the most striking findings to emerge from the National Day Care Home Study is the high level of involvement with children exhibited by family day care providers. Overall, family day care providers spend nearly two-thirds of their day in child related activities. On average, across all types of settings, ethnic groups and size of home, caregivers spend approximately half of their time (46%) in direct interaction with children (Figure 4). In addition, they spend another 17 percent of the day either supervising children or preparing for them.

**FIGURE 4**

**DISTRIBUTION OF CAREGIVER'S TIME**



Approximately 41 percent of the caregiver's time is spent interacting with the one- to five-year-old children in her care (Table 6). This is in line with previous research on family day care, which also demonstrated that most caregivers spend a substantial proporation of their time in contact with the children. It also reflects parents' statements about the nature of the care that their children receive. Furthermore, this time seems to be spent in appropriate ways; that is, it mirrors the needs of children in care as indicated by their ages. One of the most frequent interactions with children in the one-to-five age range is teaching, which occupies 13.9 percent of the caregiver's time. In the remainder of caregiver/child interaction, play/participation and helping are about equal in frequency, occupying 7.8 percent and 8.9 percent of the caregivers' time, respectively. The amount of teaching and play in NDCHS homes suggests that previous descriptions of family day care as lacking in stimulation for young children are not valid for our sample. Directing and controlling are substantially less frequent than other caregiver behaviors, each accounting for only 3.7 percent of the observed behaviors. Previous studies have also found a minimal amount of restrictive behavior on the part of family day care providers.

TABLE 6.—*Distribution of the Caregiver's Time.*[a]

| | Percentage of Time | | |
|---|---|---|---|
| *Direct Involvement with Children* | | | |
| Interaction with one-to-five-year-olds: | | | |
| Teach | 13.9 | | |
| Play/participate | 7.8 | | |
| Help | 8.9 | | |
| Direct | 3.7 | | |
| Converse | 3.3 | | |
| Control | 3.7 | | |
| | | 41.3 | |
| Interaction with babies (< 1 year) | | 3.8[b] | |
| Interaction with school-aged children | | 1.0[b] | |
| Negative affect with any child[c] | | 0.3 | |
| Total Direct Involvement | | | 46.4 |
| *Indirect Involvement with Children* | | | |
| Supervise or prepare | | | 16.5 |
| *Non-Involvement with Children* | | | |
| Primary Caregiver: | | | |
| Converse with adults | 6.3 | | |
| Recreation alone | 7.8 | | |
| Housekeeping | 19.4 | | |
| Out of range | 1.3 | | |
| | | 34.8 | |
| Secondary caregiver interaction | | 2.2 | |
| Total Non-Involvement | | | 37.0 |
| Grand Total | | | 99.9 |

[a]This picture is based primarily on morning observations and does not include periods in which the children are napping or eating, or periods when more school-aged children are present.

[b]These figures may be misleading as they stand. These percentages were calculated *for all* homes, even though caregivers were observed to interact with babies in only 35 percent of all homes and with school-aged children in only 16 percent of all homes. Considering *only* homes in which babies are present, the caregiver spends about 11 percent of her time with babies. Considering *only* homes in which school-aged children are present, the caregiver spends about 6 percent of her time with them. Because of sampling requirements for observations, homes with babies and school-age children are underrepresented in these data.

[c]Negative affect occurred so infrequently that it could not be analyzed separately for each of the direct interaction variables but was instead aggregated into a single category of less than 0.3%.

*Indirect Involvement and Noninvolvement.* On average, the caregiver spends slightly over half of her time not actively involved with the children in her care. This time can be divided into two categories, indirect involvement and no involvement. Indirect involvement consists of supervising the children (without interacting but with the potential of interacting with the children) and making preparations directly related to the care of the children. Together these activities comprise 16.5 percent of the caregiver's time, leaving her apparently uninvolved with the children for approximately one-third of the time.

When the caregiver is not occupied with the children she spends her time either talking to other adults (6.3%), entertaining herself by reading or watching television (7.8%), doing housekeeping (19.4%) or out of range of the observer (1.3%). Of course, even when she is not directly involved with the children, the caregiver can usually respond to indications that something is amiss. In most cases she is in close physical proximity to the children, being out of observable range only 1.3 percent of the time.

## Comparison of Behaviors Across Settings

Some of the study's most significant and interesting findings have to do with similarities and differences in observed patterns of behavior for homes of different regulatory status. Results of these comparisons of caregiver behavior across settings are also consistent with the sense we have obtained of family day care through the caregiver interview process.

*Patterns in Level of Involvement.* Table 7 illustrates the complex patterns of observed caregiver behavior among sponsored, regulated and unregulated providers. The level of caregiver/child interaction within all three settings was high, although differences among settings, both in total amount of involvement and in the relative distribution of caregiver time by type of interaction, were observed. In general, sponsored caregivers interact with children in their care the most while unregulated caregivers show the least direct involvement. Regulated homes represent a middle ground, being somewhat like sponsored homes in some respects and similar to unregulated homes in others.

*Patterns in Teaching.* Sponsored homes were substantially different in the amount of teaching that occurred. Whereas 12.1 percent of the caregiver's time in unregulated homes and 12.8 percent in regulated homes was spent in teaching, 17 percent of the caregiver's time in sponsored homes is spent in this manner. This is noteworthy in light of interviews with parents which showed that many parents prefer a day care environment in which teaching activities are emphasized.

*Patterns in Activities.* The bottom portion of Table 8 shows the kinds of activities that caregivers encourage or facilitate when interacting with children. Sponsored caregivers facilitate much more language/information, structured fine motor activity, (such as puzzles or block building) and music/dance. Also, there is somewhat more gross motor activity in these homes and less watching of television. These findings imply a preschool-like setting with structured activities for the children. On the whole, regulated and unregulated caregivers

seem very different from sponsored caregivers, but similar to one another in the way they structure children's activities.

TABLE 7.—*Distribution of the Caregiver's Time by Regulatory Status.*

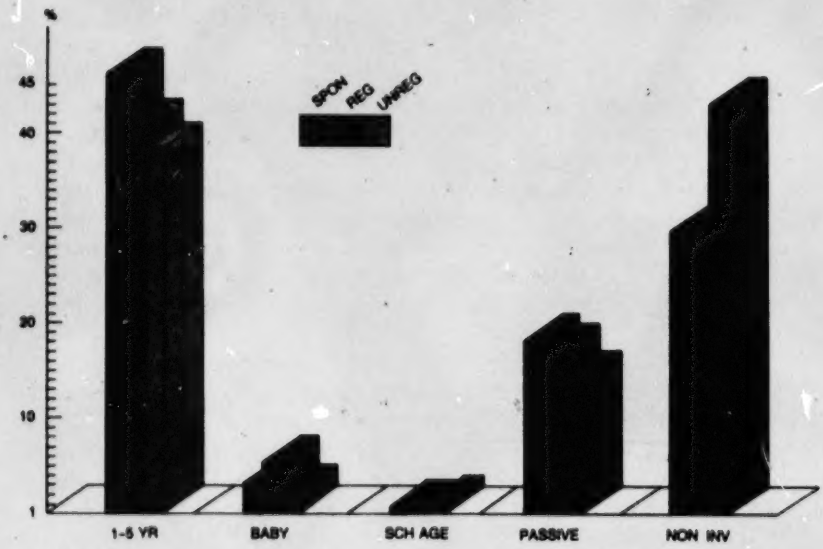
| | Sponsored | | Regulated | | Unregulated | |
|---|---|---|---|---|---|---|
| *Direct Involvement with Children* | | | | | | |
| Interaction with One- to Five-Year-Olds | | | | | | |
| Teach | 17.0 | | 12.8 | | 12.1 | |
| Play/Participate | 8.6 | | 7.3 | | 7.3 | |
| Help | 9.3 | | 9.5 | | 8.2 | |
| Direct | 3.9 | | 3.8 | | 3.8 | |
| Converse | 3.4 | | 3.3 | | 3.0 | |
| Control | 3.6 | | 3.8 | | 3.5 | |
| Subtotal | | 45.8 | | 40.5 | | 32.9 |
| Interactions with Baby | | 3.4 | | 5.3 | | 2.5 |
| Interactions with School-Aged Children | | 0.8 | | 0.7 | | 0.9 |
| Negative Emotional Affect | | 0.2 | | 0.2 | | 0.4 |
| Total Direct Involvement | | 50.2 | | 46.7 | | 41.7 |
| *Indirect Involvement with Children* | | | | | | |
| Supervise/Prepare | | 18.4 | | 17.2 | | 14.2 |
| *Noninvolvement with Children* | | | | | | |
| Converse | 5.5 | | 5.8 | | 6.8 | |
| Recreation Alone | 4.8 | | 5.7 | | 13.0 | |
| Housekeeping | 17.9 | | 17.8 | | 22.0 | |
| Out of Range | 1.7 | | 1.4 | | 1.2 | |
| Subtotal | | 29.9 | | 30.7 | | 43.0 |
| Total | | 98.5 | | 94.6 | | 98.9 |
| *Activities Facilitated* | | | | | | |
| Language/Information | | 10.6 | | 8.4 | | 7.8 |
| Structured Fine Motor | | 6.1 | | 3.1 | | 3.5 |
| Work | | 1.4 | | 1.3 | | 1.3 |
| Physical Needs | | 8.2 | | 8.9 | | 8.1 |
| Dramatic Play | | 1.1 | | 0.8 | | 1.2 |
| Music/Dance | | 2.1 | | 0.7 | | 0.4 |
| Television | | 1.8 | | 2.6 | | 2.0 |
| Exploratory Fine Motor | | 1.2 | | 1.0 | | 0.9 |
| Gross Motor | | 2.2 | | 1.8 | | 1.5 |
| Total facilitation | | 34.7 | | 28.6 | | 26.7 |
| Positive Affect | | 6.0 | | 5.6 | | 4.6 |

[a]Recall that observations of helpers, averaging 2.2% overall, were deleted from the analysis. This accounts for total distribution of caregiver's time equalling less than 100%.

*Patterns in Time Spent Apart.* Regulated and sponsored caregivers were similar with regard to the time spent in supervision and preparation for children, whereas unregulated caregivers spent somewhat less time in these activities. Unregulated caregivers also spent substantially more time uninvolved with the children doing housework or engaged in personal recreation. Forty-three percent of the unregulated caregiver's time is spent apart from the children, as opposed to about 30 percent for both regulated and sponsored caregivers. In unregulated homes, this means that, on average, 26 minutes of every hour were spent uninvolved with children as opposed to 18 minutes of every hour in sponsored homes.

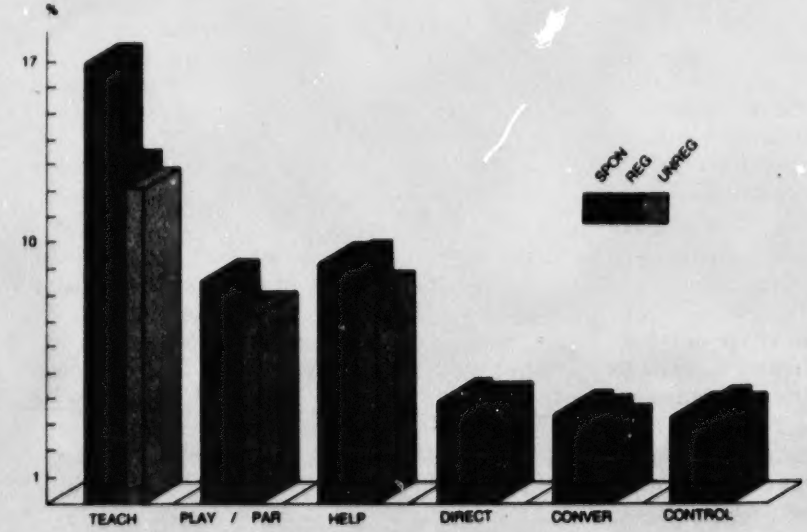
**HISTOGRAM OF TABLE 7**

**DISTRIBUTION OF THE CAREGIVER'S TIME BY REGULATORY STATUS**




**HISTOGRAM OF TABLE 7**

**DISTRIBUTION OF THE CAREGIVER'S TIME BY REGULATORY STATUS: INTERACTION WITH ONE- TO FIVE-YEAR OLDS**



*Profiles of Settings.* This set of findings suggests that the unregulated caregiver is somewhat less child-focused than the regulated caregiver and much less so than the sponsored caregiver. She spends more time than either attending both to her own needs and to her household while the day care children are present. The sponsored caregiver's added involvement with the children is apparent in several ways: there is more teaching, more play/participation, more supervision and preparation and less housekeeping and solitary recreation. Further, when we look at the additional activities that sponsored caregivers facilitate—language/information, structured fine motor, music/dance and gross motor—we see behaviors which are often stressed in the child care training that sponsored providers receive, but that few regulated or unregulated providers do. This suggests that caregiver training may make a difference. This impression is supported by other NDCHS data, including caregiver interviews and observer summaries (recorded at the end of observation sessions).

Finally, to put these findings into context, it is important to stress that NDCHS observers and interviewers were consistently impressed by the family day care that they saw regardless of regulatory status of the home. Conclusions, therefore, about the relative frequency of behavior from one setting to another are not intended to imply that unregulated care is poor care. Rather, these differences seem to reflect different philosophical orientations, child care goals and caregiving styles. Thus many parents may prefer the kinds of planned experiences offered by sponsored care which seem to be generally less available in other kinds of family day care homes. Others may value a more informal type of environment for their children.

## Group Composition and Its Relationship to Caregiver Behavior

Group composition occupies a central place in most considerations of the nature of family day care environments. It was thus deemed essential that this study shed some light on the nature of the relationship between group size and the family day care routine. Observations provide an ideal way to examine these relationships.

Two aspects of group composition in the home were examined: the total number present and the ages of the children present. The number of children is a measure of caregiver burden, as well as of potential attention for the individual child. One question was whether an increase in group size would be associated with changing patterns of activities and interactions in the home. With respect to age mix, the question was whether particular combinations of child age in a home would be more burdensome than others or require different kinds of care. Results showed both aspects of group composition to be strong determinants of the social environment in family day care homes.

*Total Enrollment and Caregiver Behavior.* The caregiver's behavior with children was strongly related to the total number of children in the home. As the number of children in the home increased, interactions of virtually all types between the caregiver and individual children decreased. Thus, for example,

the amount of teaching by a caregiver decreases as the number of children in care increases. At the same time, caregivers' interactions with groups of two or more children at a time increased. That is, as group size increased, the internal management of the home changed as the caregiver refocused her attention from individuals to groups. In the process, individual caregiver/child interactions were diminished.

*Total Enrollment and Child Behavior.* The group size relationships in the child-focused observations present a complementary pattern. In homes with more children present, children spend less time interacting with the caregiver but more time interacting with other children. Increased group size provides, from the child's point of view, more opportunities for peer interaction. This was true for both toddlers and preschoolers. For toddlers, larger groups were also associated with more time in independent activity and more time monitoring the environment (looking around or observing other's activities). Thus, both the caregiver and child observations present a consistent story regarding group size.

*Age Mix and Caregiver Behavior.* Caregiver interaction with toddlers showed an especially strong relationship to the mix of ages in the group. When a preschooler was present, all of the caregiver's one-to-one interactions with individual toddlers decreased significantly. In effect, preschoolers were able to differentially draw the caregiver's attention when they were in care with younger children. In contrast, caregiver interactions with individual preschool children were less strongly influenced by the presence of a toddler. Somewhat less attention was paid to preschoolers when toddlers were present, but most forms of interaction with preschoolers were almost unaffected.

The effect of an infant in the home was seen almost exclusively in a few predictable ways. In homes with an infant present, caregivers tended to display more affection, provide more comfort, offer help more, and attend more often to physical needs. The presence of an infant had relatively little effect on the kinds or amounts of interaction between caregivers and the individual toddler or preschool child. However, in homes where there was at least one toddler and one preschooler present, the presence of an infant was associated with less cognitive activity (teaching, language/information, and structured fine motor activity) and more helping and attention to physical needs. Thus, in homes where an infant's presence means that three age groups are represented, the presence of the infant appears to reduce certain positive kinds of caregiver interaction with older children.

### *Effects for Caregiver Experience, Education and Training*

Experience, education and training are often used as surrogate measures of caregiver competence. In the present study, training showed widespread relationships to caregiver behavior. However, experience showed almost no relationship to caregiver behavior and will not be discussed further in this summary. Education effects occurred only within the Hispanic population.

*Years of Education and Caregiver Behavior.* Overall, relationships between education and caregiver behavior were mixed and relatively difficult to interpret. Because analysis of the total sample was inconclusive, separate analyses were conducted for each ethnic group. In the sample of Black care providers, level of education had little effect; among White providers results were mixed. Only in the Hispanic sample was level of education clearly associated with observed behavior. Specifically, in this group, a higher level of education was associated with more teaching—both cognitive and social—and with less noneducational activity.

The larger effects for Hispanic providers, compared to White and Black caregivers, may have ethnic origin because a wider range of education is represented in the Hispanic sample. The effects among White and Black caregivers are consistent in tone with the results for Hispanic providers, but much fewer in number. Consequently, while education does appear to have some consistent relationship with caregiver behavior across ethnic groups, these relationships do not appear to be significant contributions to the family day care environment. Among Hispanics, it is quite possible that education makes a difference, but alternative hypotheses cannot be ruled out.

*Training and Caregiver Behavior.* Although the effects of education on caregiver behavior are uncertain, the effects of training are strong and positive. This was true even though the nature of training varied widly, ranging from two-day workshops to comprehensive, ongoing programs.

Effects of training were examined separately in sponsored homes, regulated homes and unregulated homes. Separate analyses were necessary to disentangle the effects of training and sponsorship. In sponsored homes, nearly 80 percent of the caregivers had some training, as opposed to 30 percent in regulated homes and only 20 percent in unregulated homes. The question asked in this analysis was whether trained caregivers behaved differently from untrained caregivers, when regulatory status was taken into account.

There were consistent positive effects for training in each group of caregivers (see Table 8). The trained caregivers in regulated and sponsored homes looked similar. In these groups, training was associated with more teaching, helping and dramatic play and less activity that did not involve interaction with children. In sponsored homes caregivers who had been trained also exhibited more structured teaching—more language/information and structured fine motor activities. In both regulated and unregulated homes, training was associated with more comforting and less time away from the children.

## Effects of Related Children in the Home

A final set of analyses was conducted to see if caregivers behave differently in homes where care is provided for the caregiver's own child or a related child, as compared to homes which provide care only to nonrelatives. Results of these analyses must be viewed with some caution, however. Earlier chapters characterized homes with the caregiver's own child in care and those with a

TABLE 8.—*Caregiver Behaviors Associated with Training.*

| | Sponsored | Regulated | Unregulated |
|---|---|---|---|
| More Frequent Behaviors | Language/Inform | | |
| | Structured Fine Motor | | |
| | Music | | |
| | Dramatic Play | Dramatic Play | |
| | Teach | Teach | |
| | Help | Help | |
| | | Comfort | Comfort |
| | | | Positive Affect |
| Less Frequent Behaviors | | Supervise | Supervise |
| | Recreation Alone | | Recreation Alone |

relative's child in care. Care of one's own child tends to occur in the homes of well-educated young White caregivers in unregulated homes. Care of related children other than one's own tends to be provided by older and less educated Black or Hispanic caregivers. If behavior patterns in either type of home differs from those of other homes, many factors might produce such differences.

*Care for One's Own Child.* In general homes where the caregiver's own child was present had fewer child-centered activities and less structured activity. More specifically, caregivers in these homes tended to engage in more housekeeping and control of antisocial behavior and less teaching, conversation with toddlers, play/participation and TV. In general, there was less interaction between the caregiver and toddlers when the caregiver's own child was present. From the perspective of the child, only the behavior of preschoolers seemed to be affected; the effects were consistent with the caregiver findings. Presence of the caregiver's own child was associated with more time spent with other children, more exploratory fine motor behavior with other children, more music activities, and more time reading books. One interpretation of these results is that homes where the caregiver's own child is present look more "home-like"—that is, the caregiver continues her own activities and less often initiates structured activities with the children. These homes also tended to be smaller, and this pattern may be less feasible in larger homes.

To disentangle the effects of the caregiver's own child in the home and the background characteristics of these providers, the presence of the caregiver's own child was examined within the sample of White unregulated caregivers. (Sixty percent of this group cared for their own children.) Even in this subsample of caregivers who shared a pattern of background characteristics, the effects of caring for their own children were significant. Caregivers who had their own child at home engaged in less teaching, conversation and play with

toddlers, and fewer language/information activities; they also engaged in more housekeeping and control of antisocial behavior.

*Relative Care.* Providers caring for a relative's child or children), like those who had their own child at home, tend to exhibit less cognitive teaching. These caregivers also showed less play/participation and helping, all of which suggest less interaction with children. At the same time, caregivers providing relative care exhibit more directing and do more household work. Comparable effects were found on the child variables. Among toddlers, relative care was associated with less language/information and less educational TV. Preschool children in relative care showed less language/information, less structure fine motor activity, less attention-seeking, more antisocial behavior with other children, and more prosocial behavior.

## Conclusions

The observation system developed for the NDCHS proved to be very sensitive to the home process. It permitted the coding of noteworthy child and caregiver behaviors and permitted us to discern the effects on these behaviors of variables of policy and programmatic significance such as the caregiver's training, enrollment, age mix and regulatory status.

In general, the observations showed family day care homes to be positive environments for children. It was observed that caregivers spent a considerable portion of their time in direct interaction with children, and the time spent with children seems to be appropriate to the needs of children at various ages. Caregivers rarely expressed any negative affect toward the children. The caregivers' homes were generally safe, home-like environments which were less structured and homogeneous with respect to children's ages than day care centers.

Some of the most important implications of the study findings are based on comparisons among different types of family day care homes and among caregivers with differing degrees of preparation for child care.

- On the whole, the types of activities in unregulated and regulated homes were similar to one another, but sponsored homes showed a different pattern, placing more emphasis on cognitive and expressive activities. These homes were more suggestive of a preschool environment. The differences in caregiver activities were generally small except for teaching behaviors. Teaching occurred almost 50 percent more often in sponsored homes, where it accounts for 17 percent of the caregiver's time, compared to 12.1 percent and 12.8 percent in unregulated and regulated homes, respectively.
- Caregiver training was also found to influence the pattern of activities in the family day care home. Caregivers who had some child care training tended to display more teaching, language/information activity,

music/dramatic play, and comforting. This pattern of behaviors suggested more structured teaching on the part of trained caregivers. The patterns associated with training are very similar to those associated with sponsored homes, referred to above. This remained true even after training and regulatory status were unconfounded.

These observation data, while strongly suggestive of differences in caregiving style, should not in themselves be considered as the basis for evaluating the quality of care in different types of family day care homes. For example, the long-term effects on children of different emphases are not well established. It will be recalled that even though striking differences in the amount of time different groups of caregivers spent in particular kinds of activities were observed, all caregivers devoted a substantial portion of time to their overall involvement with the children. The patterns of differences that were found should, however, prove useful both in establishing guidelines for parents seeking specific activity patterns for their children, and in informing policymakers of the probable effects of alternative family day care policies on home processes.

## Chapter 5
## COST OF FAMILY DAY CARE*

The burden of paying for child care is considerable for most parents, especially those with lower incomes who must work to make ends meet. Thus parents are limited in their ability to provide adequate compensation to family day care providers. Since most providers care for only three or four children, it is impossible for them to derive adequate income for demanding work that may require 50 or more hours a week of their time. This situation is not easily remedied.

Often a mother will relate the cost of child care to the salary she herself earns rather than to the total family income. If it costs almost as much to keep a child in care as a woman can earn outside of her home, it may not pay for her to work. Thus women's salaries in the marketplace set an effective cap on the costs of child care. Even where day care is subsidized by the federal or state government, the resultant caregiver wage remains substantially below the minimum wage.

*Child Care Fees.* Most parents pay a certain hourly fee to keep a child in care. In general, regulated and sponsored homes charge higher fees than unregulated homes; however, as the number of hours a child is in care increases, the per-hour fee decreases. Moreover, fees charged to relatives of the caregiver are lower than those charged to nonrelatives. In some cases relatives are not charged at all or are charged only a token amount.

In 1977 the average hourly fee paid to family day care providers was $0.59, but the range in fees was quite large. For example, in unregulated Black homes, the average fee was $0.44 per hour; in White sponsored homes it was $1.00 per hour. When nonpaid relative care is subtracted from the sample, caregivers still charge less for relative care than for the care of nonrelatives. Overall, the average fee in homes with a relative in paid care is $0.47; in homes with no relative, it is $0.64. The most substantial differences appear in unregulated care, where there is a 45 percent increase in fee from relative to nonrelative care ($0.42 versus $0.61).

As indicated in Table 9 (which excludes unpaid relative care), the average *weekly* fee per child paid to a caregiver was $20.85. Weekly fees ranged from $16.54 for unregulated Hispanic homes to $31.80 for White sponsored homes. Given the role of inflation over the past few years, these fees undoubtedly have

*From Volume II, *Research Report,* by Abt Associates and Volume IV, *Parent Component,* by Center for Systems and Program Development.

risen. In Los Angeles, where a one-year longitudinal survey was conducted, caregiver wages rose at about the inflation rate.

TABLE 9.—*Mean Weekly Fee Per Child.*[a]

| | Sponsored | Regulated | Unregulated | |
|---|---|---|---|---|
| White | 31.80 | 23.68 | 19.70 | 22.54 |
| Black | 24.68 | 21.61 | 16.57 | 19.78 |
| Hispanic | 24.49 | 21.42 | 16.54 | 19.37 |
| | 26.36 | 22.65 | 17.80 | 20.85 |

[a]This table does *not* include children who are cared for without charge.

*Comparison with Day Care Center Fees.* To understand the economics of day care it is important to compare the fees charged for family day care with those charged for center care. The National Day Care Center Study found that fees charged to parents for center care varied from $17 to $27 per week, while charges for government-subsidized day care slots ranged from $25 to $32 per week. It is evident that, although center care may be slightly more expensive, the differences are not great.

*Revenue.* Across all groups of homes, the average weekly revenue for the caregiver—that is, the total of all of her child care income—was $73.92, which translates into a gross annual salary of $3844. This already low figure, however, does not take into account the many costs associated with providing care such as food, materials or insurance.

Food is the caregiver's major out-of-pocket cost. Across all types of homes, caregivers' average per-child weekly food expenditure was $5.67. Sponsored homes incurred higher food costs than regulated or unregulated homes. Black and Hispanic caregivers both spent more on food than did White caregivers. Because of these high food costs with respect to the caregiver's overall income, there has recently been substantial interest among caregivers in participation in the Child Care Food Program, run by the Department of Agriculture. Because program regulations restrict participation to homes which are part of non-profit family day care systems, there has been a remarkable growth in such systems over the past few years (see Chapter Six).

In order to determine net income from child care, the costs of food, supplies and other commodities or services liability, such as care insurance, were subtracted from the revenue a caregiver received from parent fees. These computations are summarized in Table 10.

TABLE 10.—*Average Weekly Net Income per Home from Caregiving.*

| | Sponsored | Regulated | Unregulated | |
|---|---|---|---|---|
| White | 103.54[a] | 69.75 | 44.75 | 63.78 |
| Black | 90.83 | 49.19 | 32.87 | 48.93 |
| Hispanic | 76.00 | 35.91 | 16.41 | 30.85 |
| | 86.11 | 57.11 | 32.16 | 50.27 |

[a]Minimum estimate of mean net income. This was calculated from average weekly revenue minus the mean weekly costs of food, supplies and insurance.

The average weekly net income across all homes in the sample was $50.27. Sponsored homes had somewhat higher incomes than regulated and unregulated homes; White caregivers earned higher income than Black or Hispanic caregivers. And, once again, if we translate these weekly figures into yearly income figures, caregivers can be seen to earn an average of $2614, substantially below the Poverty Level.

*Comparison with Day Care Centers.* These weekly incomes of family day care providers were compared to the weekly income of classroom staff in day care centers. Child care fees for parents or the government are approximately the same for family day care as for center care. However, center wages are significantly higher than family day care wages. Across all centers the lowest average weekly wage reported for any type of center in the National Day Care Center Study was $89 per week and the highest was $160 per week. Note that only the income of sponsored White and Black family day care providers fall within this range, with the maximum weekly income being $111.80. All other family day care providers earn less than the lowest paid center classroom staff, most substantially less.

The reason for this wage differential is fundamental to the nature of the difference between family day care and center care. The amount a caregiver can earn is directly tied to the number of children in her care. Across all centers the average child/staff ratio reported was 6.8 with the number going as high as 7.9 in one profit-making category. In family day care, on the other hand, enrollment averaged 4.3 per home in sponsored care, 4.0 in regulated care and only 2.8 in unregulated care. Thus, although the fee per child is about the same, the only way family day care providers can earn approximately as much as center classroom staff is to care for as many children as regulations allow. Few systems permit their providers to enroll the legal maximum number of children, while for regulated and unregulated caregivers it is typically more children than they can find (or wish) to enroll.

*Caregiver Wage.* Including all children in care, the net average hourly caregiver wage was $1.25, although the range was from −$0.58 (where the caregiver actually was losing money) to $7.84. In general caregivers in sponsored homes tended to earn higher wages than those in regulated homes, who, in turn, earn somewhat higher wages than those in unregulated homes. (See Table 11.)

TABLE 11.—*Mean Net Hourly Wage per Caregiver.*[a]

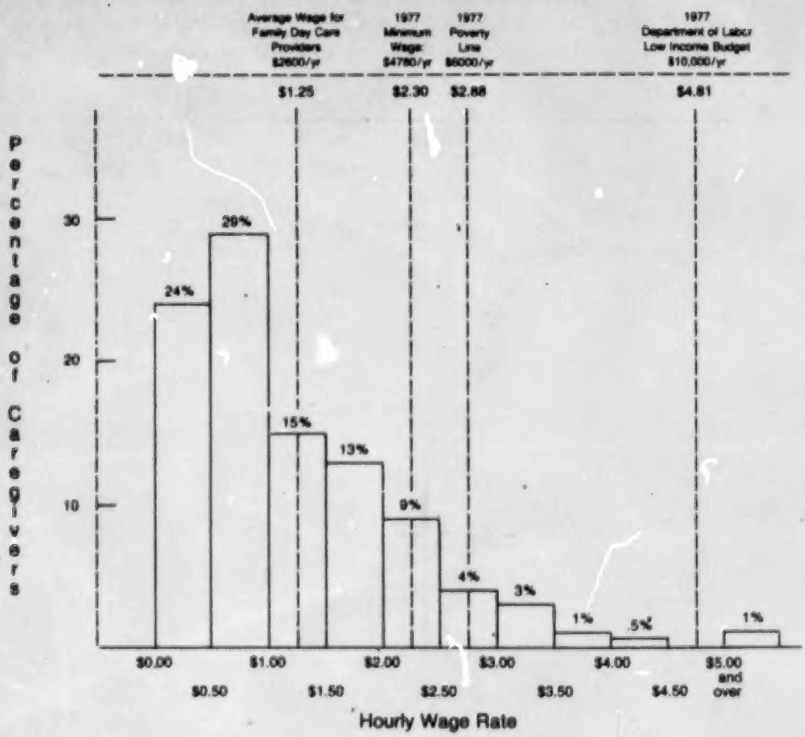
| | Sponsored | Regulated | Unregulated | |
|---|---|---|---|---|
| White | 2.28 | 1.66 | 1.12 | 1.53 |
| Black | 1.82 | 1.17 | 0.80 | 1.15 |
| Hispanic | 1.65 | 1.04 | 0.53 | 0.90 |
| | 1.92 | 1.39 | 0.85 | 1.25 |

[a]Hourly wage is calculated as weekly revenue from fees minus weekly costs for food, supplies and insurance divided by the number of hours of care provided weekly. Where the cost of food, supplies or insurance were not known, zero cost was assumed.

To view caregivers' wages in perspective, the relationship of their wage rates to basic income guidelines must be considered (see Figure 5). For example, the

**FIGURE 5**

**DISTRIBUTION OF CAREGIVER WAGE RATES**




minimum hourly wage in 1977 was $2.30, almost twice the average wage of family day care providers. The 1977 Poverty Line was set at wages of $2.88 per hour and the Low Income budget line was set at $4.81 per hour. Relatively few caregivers reach either of these amounts in their earnings from day care. In 1977 eighty-seven percent earned wages below the minimum wage; 94 percent had earnings below the Poverty Line and 99 percent were below the Low Income line.

*Conclusions*. From a parent's or the government's perspective, family day care is a costly endeavor. An average of about $0.60 per hour must be paid for the care of each child. For many parents this expense can easily exceed $30 per week. From a provider's perspective, however, family day care is not a lucrative profession. Many caregivers' earnings are significantly below the Poverty Level. They work long hours, generally are not paid for sick or vacation time, and often do not recognize the tax advantages for which they are eligible.

The effects of costs and economic forces in general continue to be among the most important quantities to be measured for family day care. The find-

ings presented here reflect enterprises that generally operate outside of the market mainstream but are influenced strongly and often adversely by it. The evidence suggests that providers earn little from their caregiving; however, to permit or mandate improvements in their earnings would impose severe burdens on consumers of family day care—both parents and the government.

# Chapter 6
# DAY CARE SYSTEMS*

Family day care systems represent networks of homes operated under the administrative auspices of an "umbrella" sponsoring organization. Currently there are over 30,000 sponsored family day care homes in the United States. Although sponsored homes represent but a small proportion (2%) of all family day care homes, they are important beyond their numbers, primarily because they provide care for most state and federally subsidized children in family day care settings. Eighty-five to ninety percent of system slots are subsidized, whereas relatively few slots in nonsponsored homes are publicly funded.

Both the federal government and individual states have encouraged the growth of systems to facilitate the delivery of quality care, to reduce the management burden on state and local governments, and to facilitate day care funding. Systems typically contract with state and local governments to provide care for children whose families are eligible for family day care.

*Administrative Functions.* Family day care systems relieve human services agencies of the many managerial tasks necessary to deliver subsidized care. For example, systems often determine families' eligibility and determine if family income levels warrant free or reduced-fee care. Systems subsequently determine the fees to be paid by parents and bill the government for reimbursement. Other responsibilities often assumed by systems include caregiver selection and training, monitoring for regulatory compliance and provision of supplemental services.

While a sponsoring agency is not required for Title XX funding of family day care (the major source of day care subsidy) most family day care under Title XX is provided through day care systems (some state agencies themselves act as sponsoring agencies). In addition an umbrella sponsor is explicitly required for participation in the USDA Child Care Food Program which provides subsidies for the food served to family day care children as well as subsidizing associated administrative costs. Together these two Federal day care programs have exerted a tremendous influence on family day care and provide a strong impetus for the development of family day care systems.

*Study Sample.* The directors of 22 family day care systems were interviewed as part of the NDCHS. Nine of these systems were in Los Angeles, eight in Philadelphia, two in Texas, one in Arkansas and two in the Greater Boston area. These systems ranged in age from one to 27 years; median age was approximately 5 years.

*From Volume V, *Family Day Care Systems,* Abt Associates.

Systems included in the NDCHS varied widely on numerous program dimensions. The smallest had only 4 providers, whereas the largest had 135.* The smallest enrolled only 16 children, and the largest enrolled 421. The number of enrolled childen per home also varied from fewer than two children per home to almost seven. The great majority of systems, however, assign four or fewer children per home, generally fewer than day care requirements allow. In those systems where more children are assigned per home, system directors usually (but not always) compensate for the added caregiver burden by providing the caregivers with helpers and/or giving them additional training.

*The Relationship between Sponsoring Agencies and Their Affiliated Providers.* A unique relationship between providers and sponsors has developed, primarily in response to issues of wage and beneift compensation. Family day care providers have been and continue to be one of the lowest income groups of workers in the U.S. One of the major cost issues underlying the present payment level for family day care is the trade-off between provider wages on the one hand and limited public dollars and parents' ability to pay for child care on the other. This inherent conflict, coupled with state regulation of minimum wages has induced most family day care systems to utilize personal services contracts with providers in order to avoid the more costly minimum hourly wage, which many systems feel they cannot afford. Laws on unemployment compensation have influenced systems in a similar fashion. If providers were employed directly by systems and paid hourly wages, programs would be forced to pay minimum wages and contribute to unemployment insurance, workmen's compensation and social security taxes. In addition, they would deduct local, state and federal taxes from providers' earnings. Systems might also be forced to pay overtime increments for providers working more than 8 hours daily or 40 hours weekly (an almost universal occurrence).

As a result of these threatened increased costs from regulatory forces, all but one of the systems subcontract with providers for their services rather than treating providers as employees. Most have written contracts or oral agreements that define the relationship between the system and affiliated caregivers. Systems, through their agreements and contracts, clarify the following:

- the hours that providers are available for care;
- the number of children caregivers are allowed to accept;
- the rates providers are paid; and
- whether providers may serve children who have not been referred by the system.

*Exclusive Use Agreements.* When systems restrict the enrollment of homes to children referred to the caregiver by the system, the system is said to have an exclusive use agreement. Twelve of the 22 program studied in the NDCHS had

*Although a 135-provider system is considered a large family day care system, systems currently range in size to several thousand providers. NDCHS findings do not apply to these very large systems.

such agreements, which yield a number of benefits to the system. First, they allow the program to control the number of chidren in care at any time. Compliance with group composition requirements is thus assured. Second, as caregivers often depend upon system staff to help with problems in such areas as child discipline, conflicts with parents, and fee payments, programs with exclusive use agreements may limit potential difficulties of the care situation to their own enrolled children and families. Third, services performed by the system, such as food reimbursement and field trips, are more easily managed when only system children are served. In operation, the exclusive use agreement also binds the caregiver more closely to the system in that it makes her entirely dependent on the system for her income. As a consequence, programs with exclusive use agreements appear to manage more close-knit groups of providers.

One disadvantage of exclusive use programs is that in some states such systems have very little flexibility in responding to the needs of families. For example, systems that serve only Title XX-eligible children may be forced to terminate a child if the family's income increases over the eligibility ceiling, making them ineligible for subsidized care. Such a situation sometimes leads parents to refuse a raise because the increased salary will make them ineligible for subsidized day care and thus effectively decrease net family income. An equally important consequence of this type of situation is greater instability of care for children who must move to a new arrangement if their family is disqualified for care through the day care system.

*Caregiver Recruitment*. The selection of responsible and suitable providers is a major issue for new as well as established systems, since turnover and system growth continually create a demand for new recruits. A considerable staff investment is made in these new caregivers to insure that they can and will provide quality care. In a sense, system staff wear two hats. On the one hand the local day care regulating agency frequently transfers much of the responsibility for regulation and monitoring of the home to the day care system.* On the other hand, system staff act to support their caregivers both professionally and emotionally.

*Caregiver Training*. Equally important to systems in ensuring that caregivers provide quality care is the training that the system provides. Although all systems claimed to train providers, the range of topics, frequency of sessions, requirements for attendance, and importance placed on training varied considerably. On average, providers were offered five hours of training per month. Topics discussed at sessions cover such areas as nutrition, community resources, child development, recordkeeping, health and safety, parent participation, arts, activities for children, family day care as a business, insurance and taxes, problem-solving, role playing, observations of child care in centers, and development of providers' self-esteem.

*In fact, some systems themselves certify providers to care for children in lieu of state licensing. In this case, if the caregiver leaves the system she is no longer legally entitled to care for children in her home.

*Services to Caregivers*. Family day care systems perform a number of other useful services for providers in addition to training. They distribute supplies, loan out safety equipment, and pay for liability insurance. They provide substitutes for caregivers who are ill and occasionally assign helpers. They are responsible for billing the government for reimbursement and may collect parent fees where appropriate. The provider may then be paid by the system rather than by the government funding agency (which frequently delays payments) or the parent (who occasionally does not pay). When the system pays providers for child care, they are usually paid in a regular and consistent fashion.

*Child Care Food Program*. When asked about the benefits of family day care system membership, providers frequently mentioned the food program and the fact that it helps them to provide nutritious, high-quality food to children in care. Although the food program was originally intended to increase the nutritional intake of children from low-income families, all children in a day care home must surely benefit. To the extent that the provider must think through and plan her meals with the nutritional guidelines of USDA in mind and to the extent that the additional money is used to upgrade food, then meals for all children are improved.

*Supplementary Services to Families*. Only a few of the 22 systems directly administered some form of health or dental services to children or providers. These few had nurses or specialists who performed visual and dental screening, immunization, hearing and developmental tests. All but five programs, however, offered help in arranging for medical screening or for available community services.

*Operating Budgets of Family Day Care Systems*. Family day care systems receive revenue from a variety of sources, including federal and state governments, payments from parents, local matching funds, the federal Child Care Food Program and interagency donations of labor and supplies. Agencies received the majority (69%) of their income from federal (Title XX) and state funding sources.* Government reimbursement rates ranged from $0.59 to $1.53 per child per hour, with a median of $0.95. Most systems receive between $0.90 and $1.20 daily per child. The next largest source of funding was in-kind contributions (13%). An additional 10 percent of income was derived from cash contributions and other funding sources, such as community block grants. Parent fees represented about 5 percent of systems' income and the Child Care Food Program accounted for another 3 percent.

The value and sources of cash and in-kind contributions varied across systems. As programs become larger and more established, they generate additional contributions, either in cash or in-kind. Cash contributions come from such sources as United Way, Catholic Social Services, community block grants, fund-raising efforts and matching funds from city and state agencies. In-kind contributions represent either intra-agency sharing of staff, supplies, and space or are from sources outside the umbrella agency.

*In California, the State Department of Education provides child care subsidies for family day care under Chapter 344, Statutes of 1976, Assembly Bill 3059.

*System Expenditures.* Labor costs represent the greatest expense of family day care systems; 88 percent of annual program costs consisted of administrative personnel expenses and provider payments, and only 12 percent involved nonlabor expenses. Providers in NDCHS systems earned an average of $20.14 per day for child care, with a range from $9.69 to $37.18. This range reflects the combined variability across systems in child per-hour rates and systems' policies on group size. Few caregivers earn more than $23 daily and few earn less than $10 daily. Annual earnings calculated for sponsored providers averaged $4573 for child care.* Earnings ranged from $1640 to $7817. In general, system providers tended to earn more than their independent counterparts and more than providers of unlicensed care. Nevertheless, the vast majority of system providers earned wages considerably below the Poverty Line for 1977 ($6000). None earned an income as high as the Department of Labor Low Income Budget ($10,000 in FY 1977).

*Functional Cost Analysis.* To get a clearer picture of the cost implications of services provided by sponsors, core costs of program administration—direct caregiving, administration, overhead and food services—were isolated from supplemental service costs, providing a measure of resources needed to operate a "no frills" package of sponsored family day care (see Figure 6). Costs for supplemental services included provider training, transportation, social services and regulatory functions such as home approval and monitoring. Core costs account for 81 percent of all costs, with an hourly cost of $1.01. Supplemental costs constitute the remaining 19 percent, and have an hourly cost of $.24.

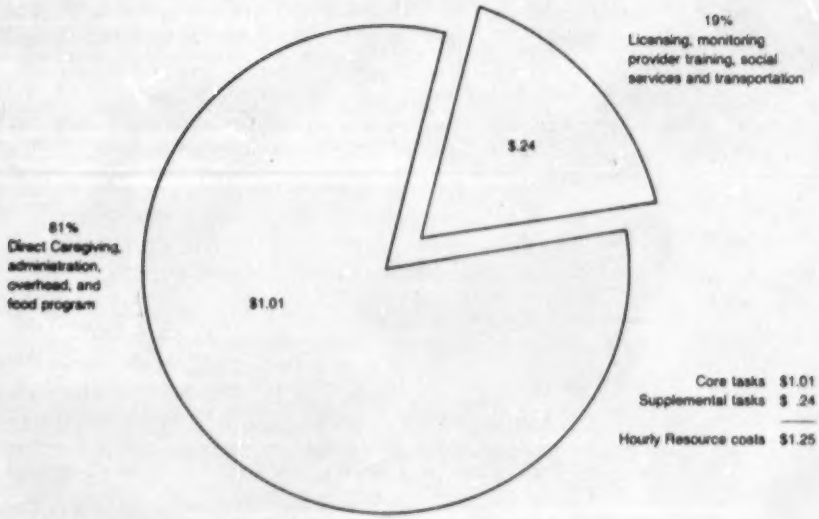
*Supplemental Services and In-Kind Contributions.* Two important findings emerged from our analyses of supplemental services. First, supplemental service costs were relatively small compared with the essential core program costs. Therefore, core services clearly emerge as the most critical cost component to consider in understanding differences in cost allocation across programs. At the same time, supplemental services are not insignificant from a cost perspective, particularly if mandated on a broad scale.

The relationship between supplemental services and in-kind contributions has an important implication for future federal funding for all child care programs which are dependent upon in-kind contributions to meet critical needs and mandated requirements. Federal regulations require that family day care homes maintain information regarding special health precautions for children such as diet, medication and immunizations. Similarly, homes must provide information to parents concerning social services available in the community; systems must ensure that homes meet these regulations or must assume the responsibilities themselves.

Currently, noncash resources represent significant and critical resources in meeting federal standards for supplemental services. Thus, in one respect, leverage of such resources represents a cost savings to the government.

*This figure represents income that caregivers receive directly from the system. Some, in non-exclusive use systems, care for additional children and thus earn additional income.

**FIGURE 8**




However, donated resources are not necessarily predictable and stable and thus cannot be projected to remain uniformly and universally available at current levels in the future. Rather, programs tend to compete locally for such limited free or third-party-paid resources, and the nature of the competition for these resources changes with changing federal, state and local priorities.

# Chapter 7
# CONCLUSIONS AND RECOMMENDATIONS

Family day care providers play an essential role in rearing the nation's children. The image of the two-parent family, wife at home with the children, remains in the forefront of our national consciousness. But the reality is quite different. Women have, in increasing numbers, entered the work force, making day care an ever more pressing issue for them and their families. More and more, the daily life of children is in the hands of family day care mothers.

However, our persisting vision of the stereotypical family has long focused the nation's attention and research on the traditional family. Consequently, little has been known about the role of the day care provider in children's lives, despite the many millions of children who are each day cared for in family day care homes.

It was with an understanding of the importance of family day care to American children and their families that the National Day Care Home Study was undertaken. A principal mandate of this research was to provide objective information needed to intelligently respond to the exigencies of the changing American family. This executive summary is a brief introduction to the richness of the patterns that have been uncovered. Along with the accompanying comprehensive summary and detailed research volumes in the NDCHS Final Report series, it is intended to provide information necessary to the formulation of day care programs and policies.

Although few could fail to be impressed with how well the "natural" family day care system currently functions, findings of the National Day Care Home Study lead to several conclusions about ways in which family day care could be supported to the benefit of children, parents and caregivers. The following recommendations are presented in this light. They could variously be implemented at the federal, state or local level to facilitate and improve the functioning of our child care system.

## Recommendations Related to the Supply and Demand of Family Day Care

The demand for day care is expected to continue increasing over the next two decades, despite the declining birth rate, because increases in women's labor force participation will more than offset this decline. The rate of increase is expected to be particularly high for women with children under three.

Until recently, substitute care for children under three has been supplied primarily by members of the extended family, either in the child's own home or in the home of a relative. With the diminishing availability of relative care, due, for example, to increased population mobility, other sources of day care must be utilized. Since parents have shown a distinct preference for family day care over centers or other group facilities for infants and young toddlers, it is expected that the nonrelative family day care market will absorb most of the increased demand for care of children under three.

## Recommendation 1: Promote the Growth of Family Day Care Supply to Meet the Increased Day Care Demand

### A. *Demand for Infant and Toddler Care*

The steadily growing labor force participation of women with children under three is dramatically increasing the number of infants and toddlers who need full-day care. Parents report that in the absence of suitable in-home care the most appropriate day care setting for children of this age is family day care. However, because the demand for infant and toddler day care on a relatively massive scale is a recent phenomenon, there has been little organized effort to increase the supply of care for these children. Consequently, parents in all income brackets currently find it difficult to find day care for children under three.

To meet this demand we recommend encouraging growth in the supply of family day care for infants and toddlers. The public needs to be informed that, by and large, family day care has been found to provide a stable, warm and stimulating day care environment which caters successfully to the developmentally appropriate needs of the children in care; that parents who use family day care report it satisfactorily meets their child care needs; and that the cost of this care is reasonable. Second, additional public funds should be made available to support needed family day care slots for income eligible families with young children. At present, relatively limited public resources are allocated to family day care, while day care centers, which receive the bulk of day care dollars, predominantly serve only children aged 3-5. There is little public money allocated to the care of infants and toddlers. Consequently, if income eligible families with young children are to become self-supporting, resources will be needed for the care of their young children, preferably in family day care, the care of their choice. Furthermore, since HHS* regulations limit enrollments in homes caring for children under two years of age to levels below those allowed for older children, the care of young children is often not economically feasible (as costs are high and potential income is low). In order to encourage caregivers providing subsidized care to care for infants and toddlers, government reimbursement rates should be set at a higher level for care of children under two years of age.

*At the time this report went to press, the 1980 HHS Day Care Requirements had been delayed by Congress until July 2, 1982.

B. *Demand for School-Aged Care*

When in-home care is not available, the most popular form of care for school-aged children is family day care. Relatively few such children are found in day care centers, school-based facilities or other formal settings. Strikingly, however, the National Day Care Home Study has found that most family day care for these children is provided in informal, unregulated settings and that proportionally few school-aged children are found in regulated or sponsored day care. This unequal distribution of school-aged care probably reflects unmet demand for regulated and sponsored care for children in this age group. It occurs in part as a by-product of the former federal day care regulations which counted school-aged children in the same way as younger children in computing enrollment limits, even though the schoolers were only in care part-time. Consequently, many regulated providers did not find it economically feasible to care for these children. The 1980 HHS federal family day care requirements have substantially altered this economic imbalance by allowing for an additional school-aged child in most homes. Supply of care for these children could be further increased by raising the government reimbursement rates for school-aged children.

**Recommendation 2: Promote the Development of Day Care Systems**

We recommend that the development and expansion of family day care systems be emphasized as one of the principal means of providing subsidized day care in a family day care setting. Under the rubric of systems, we mean to include the wide variety of public and private agencies currently sponsoring family day care homes—private social services agencies, religious organizations and agencies of state and local governments.

The trend toward organization of family day care into systems is a fairly recent development but one with important implications for day care programs and policies. Although public and private day care systems together account for a minute proportion of all family day care homes, they already account for a substantial percentage of all family day care subsidized through Title XX of the Social Security Act. In addition, systems act as conduits for all food subsidies provided through the USDA Child Care Food Program; and it is often the case that state day care resources are also channeled into family day care through family day care systems. With the growth of these systems, family day care homes are for the first time gaining access to the wide range of day care resources (such as caregiver training, health screening and other social services) which have in the past been largely confined to day care centers.

The National Day Care Home Study has also found that day care systems play an important role in promoting quality care by maintaining desirable enrollment levels, monitoring regulatory compliance, training caregivers, providing technical assistance to the caregiver and providing a vehicle for parent involvement.

The organization of family day care homes under the umbrella of family day care systems thus has advantages for each of the participants—the government agency that subsidizes or regulates the care, the caregiver, the parent, the child and the community as a whole. The agency benefits because the system becomes administratively responsible for regulating the caregiver, monitoring the quality of care, providing supplementary services and handling the complex issues of reimbursement. The caregiver benefits because the system refers children, provides her with assistance in handling administrative responsibilities, pays her on a regular basis and provides her with the training and technical assistance needed to improve her caregiving skills. The parent benefits by having the agency help in finding an appropriate home for the child, provide substitute caregivers in case of illness, and arrange for a variety of supplemental services to the family. The child benefits from appropriate placement, from improved nutrition in programs subsidized under the Child Care Food Program, and from the skilled care of a trained caregiver. Finally, an increased emphasis on the development of family day care systems will help reduce the isolation of family day care from the rest of the day care community, thereby increasing its overall visibility and accessibility, particularly for families needing subsidized care.

### Recommendation 3: Improve Community-Based Support for Parents and Caregivers

A striking feature of family day care is its isolation and lack of visibility in the community. Parents report difficulty in locating family day care and providers are often unable to replace children who leave the day care home. This is a disadvantage both to parents looking for care and to the caregivers, who frequently would like to care for more children than are currently enrolled.

We therefore recommend increasing community-based family day care support structures such as day care information and referral centers. Such centers serve to disseminate needed day care information throughout the community and by doing so help both parent and caregiver. The parent is assisted both in identifying available homes and in making an informed selection once the home is found. The caregiver obtains greater access to parents in search of child care. This helps her maintain her enrollment levels and thus assures a steady flow of income from caregiving. Further, information and referral centers provide the caregiver with practical advice about running a family day care home, advice typically available only to caregivers affiliated with family day care systems. The opportunities to obtain such positive benefits might well induce many currently unregulated providers to become part of the visible family day care network.

### Recommendations Related to Quality in Family Day Care

Despite the widespread commitment to quality in family day care, it is not always clear what quality means or how to achieve it. Family day care is characterized by many cultural, community and family patterns. Part of the

great richness of this type of care is its responsiveness to the needs of individual families and children, its informal family-like style, its ability to accommodate children of different ages and various group configurations.

Just as there is no one definition of quality for family day care which will suffice, so there appears to be no single route to its achievement. Sometimes extensive experience as a parent and caregiver results in high individual skill. Study findings also indicate that effective caregiving skills can be learned through training, and monitoring can help insure quality from the standpoint of determining that standards are met. The following set of recommendations acknowledges the need for a multifaceted approach, taking each of the several known contributors to quality into account.

### Recommendation 4: Continue to Regulate Group Size and Age Mix to Protect Young Children, Limit Caregiver Burden and Create Flexibility for School-Aged Children

The National Day Care Home Study findings provide substantial support for current federal policy related to group size and age mix:

- Data on group composition established that the number of children and their age distribution in the family day care home do make a difference in the kinds of experience and opportunities children have in family day care.
- The NDCHS showed that parents support government regulation of group composition.
- A limit of approximately 6 children (depending on age mix) in family day care homes appears to be reasonable. Fully 90 percent of all day care homes studied in the NDCHS cared for 6 or fewer children—regardless of regulatory status, ethnicity, length of time in business, amount of education, training, experience, or any other factor. Fifty percent had three or fewer children.
- Regulations which allow fewer infants and toddlers but which also provide for additional school-aged children are appropriate and consistent with actual practice.
- Infants tended to be found in smaller homes, either alone or with one other child. Larger homes generally included school-aged children who are in care for only a few hours a day. Furthermore, many providers who cared for more than 6 children spaced them throughout the day so that large numbers were not in the home at any one time.
- Caregivers preferred slightly larger group sizes than they actually had. However, longitudinal data from Los Angeles documented that group composition remains stable over time and that caregivers usually replace their children on a one-for-one basis to maintain the same type of group even as individual children change. These findings support the notion that family day care providers structure their homes to be manageable and comfortable for them.

We therefore support the emphasis on group composition as expressed in the 1980 HHS Day Care Requirements. We feel that it is appropriate to set limits on group size and that these limits should take into account the ages of children in care. Furthermore, we underscore once again the importance of a public information campaign to inform parents and caregivers of the implications for the children in care of various enrollment patterns.

### Recommendation 5: Increase the Availability of Caregiver Training

The National Day Care Home Study has shown that training does make a difference in the kinds of experience and opportunities available to children in family day care homes. Caregivers themselves expressed a desire for training. This was true across the board, regardless of regulatory status or cultural identification. Parents also prefer that their children's caregivers be trained. This preference was the second most cited qualifications factor for parents—only experience as a parent was more important. In reality, however, very few family day care providers have been trained and those who have are most likely to be in sponsored settings.

We therefore recommend that sound caregiver training programs be identified or developed to address the wide range of skills and knowledge needed by family day care providers. With the understanding that family day care serves children from birth through school age and that it is closely tied to the community and the cultural values of the families it serves, we recommend that training programs be composed of separate modules specifically designed to address a variety of typical family day care arrangements. In this way, complete training programs of differing orientation, scope, and specific content can be developed by combining appropriate modules.

To facilitate the development and implementation of efficient and effective systems for the delivery of training to local providers, the Federal government should also provide direct hands-on technical assistance to states and local communities. Particular emphasis should be placed on public awareness of caregiver training, its benefits and its availability.

Finally, for those providers who are not required to and do not choose to participate in formal training, there should be an ongoing media campaign and wide public distribution of information about child development and child care with concrete, helpful suggestions for operating a family day care home.

### Recommendation 6: Establish a Family Day Care Credentialling System

Because family day care is such a diverse and fragmented field with few professional affiliations, it is difficult for the public, including both consumers and providers, to assess caregiver skill—one of the most fundamental ingredients of family day care quality. It is not enough to know that the provider has the proper number of children or that physical dangers are under control. What adults do with children is fundamental and supremely important to their

well being. A credentialling system to certify family day care providers who meet objective criteria will help emphasize caregiver skill, provide a standard of excellence for parents, lend credibility and a sense of professionalism to family day care and help establish a badly needed career ladder for family day care providers.



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